

Maine Office of Child and Family Services: Child Welfare Evaluation and Business Process ReDesign

Final Report

July 9, 2019

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Executive Summary

Overview

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) sought an evaluation of its Child Welfare program's business processes. To accomplish this, OCFS engaged Public Consulting Group (PCG), a national expert in child welfare who brings extensive knowledge of program operations and policy to our comprehensive evaluations and business process reviews. This engagement consists of three phases that run from October 2018 through March 2020 and aims to evaluate the current system to identify changes needed to improve the safety, permanency, and well-being for children and their families who are served by the agency and to develop a plan to implement and sustain needed change. The goals of this project are five-fold:

1. To use a variety of qualitative and quantitative research methods to gain a detailed and data-informed understanding of operations, policies, processes, and activities around child welfare management that impact the ability of OCFS to effectively and efficiently serve families
2. To develop recommendations that are in line with the vision of the agency, draw on national best practices, and are grounded in ensuring child safety
3. To successfully implement recommendations and make desired changes to the service delivery model
4. To engage staff and stakeholders throughout
5. To create a self-sustaining environment where staff are drivers for new and sustained changes to continually improve the system

In **Phase I: Business Process Assessment and Analysis**, the results of which are described in the following pages, PCG utilized a multi-step process for systematically collecting, analyzing, and synthesizing data. **Phase 2** expanded our evaluation to Child Welfare Permanency, Adoption and Licensing case practices.



Figure 1: Discovery Activities

Strengths

During the course of this phase of the project, PCG identified a number of areas of strength within current OCFS practices. Several of these strengths center on the dedication of agency staff, their willingness to work together and support each other, and their strong expressed desire to help children and families improve their lives. In addition, OCFS has already identified several areas of need and is taking steps to address them. These areas include: MACWIS and the intake hotline phone system, both of which are set for replacement in the coming months; additional staffing lines for the intake unit; and the implementation of the SDM tool throughout additional units beyond intake and investigation. Additional strengths were revealed during PCG's reviews of several difficult cases, where positive findings related to communication, documentation, and provision of services were identified by the PCG team even in cases where significant challenges were encountered in other areas of the case.

Recommendations

PCG's approach to this engagement is aligned with the vision of OCFS, and centers on quickly developing improved and more efficient business processes for the lifecycle of a case, with a clear focus on improving outcomes related to child safety. **As a part of their work over the last year, OCFS has undertaken a period of self-assessment and reflection to identify areas of improvement, and they have already implemented (or begun implementing) major changes.** It is worth noting that in the recommendations that follow, we focus on several of those changes, either acknowledging the effort and encouraging consistent application and/or providing additional support and value for changes that are already in process. We grouped the recommendations into memos by common theme to make implementation more manageable. Each of these groupings and associated recommendations is laid out in the table that follows.

#	Recommendations: Quick Wins
1	Establish a centralized, up-to-date document storage for policy and practice. OCFS should establish a centralized document storage location (intranet, shared drive, or other location that is linked to the policy manual) where staff can view the latest and most up to date policy and practice memos.
2	Streamline the printing of Discovery in MACWIS. OCFS should develop a "button" for Discovery that will allow all Discovery related documentation, over a selected period, to be compiled and printed with the click of a button.
3	Formalize an ongoing training management plan for future implementation(s). OCFS should develop a formalized, shared training management plan for the rollout of each new process and tool. This will create a repeatable structure for each rollout that aligns to the different needs of staff throughout offices.
4	Improve consistency with case closing summary. OCFS should convene a group of intake, assessment and permanency workers to discuss key information that be required in the closing summary and design a clear model for writing the closing summaries that all workers are then subsequently trained to follow when closing a case.
5	Further build infrastructure to have staff-led input on practice and policy changes and implementation efforts. To continue and, more importantly, formalize the involvement of staff in key processes, OCFS should further build the infrastructure to support engaging staff in making practice and policy changes, and their implementation efforts.
6	Develop a consistent, structured and transparent way to share updates and changes with staff. OCFS would benefit from a more consistent and structured approach to communication about changes.
7	Consistently prioritize geographic case assignment. Thoughtful consideration of travel requirements when assigning cases will allow caseworkers to reinvest hours of travel time into meaningful visits with children and families and the proper amount of time needed to complete documentation accurately.
8	Designate additional notaries in each office. PCG recommends that OCFS identify at least one additional staff in each office — who travels infrequently and whose office presence is consistent — to serve as an additional notary.
9	Provide policy clarification and training around criminal background checks. OCFS should ensure that the criminal background check is done whenever the kinship assessment is performed letting the family know that the agency is ultimately concerned about the child and the child's safety.

#	Recommendations: Technology
10	Make minor changes to MACWIS to increase efficiency. PCG is recommending a review and series of potential changes that include creating templates, reducing duplication of data entry across screens, and reviewing the ability for intake to initially input directly into MACWIS instead of Word documents.
11	Work with OIT to ensure efficient operation of hardware and software, and flexibility to support future solutions. OCFS should work with OIT to make exceptions to the current 5-year expected lifecycle of equipment (and look at shortening that schedule, long-term) for any hardware older than 3 years that exhibits chronic issues that lead to duplication of effort or lost work. In addition, work should begin now to determine what changes may need to be made to the hardware currently in use to support planned software upgrades.
12	Provide staff with updated transcription options. OCFS should reevaluate the transcription products available on the market, test one or more of them with a small group of staff and determine whether the current breed of transcription software is more accurate or better suited for this application than the Dragon software.
13	Implement a mobile “front end” that connects to MACWIS. OCFS should consider a front-end that builds a bridge between MACWIS and a potential replacement system that allows caseworkers to collect data in the field and avoid significant duplication when they return to the office.
14	Move toward use of an electronic document management solution. OCFS should eliminate or greatly reduce the use of paper where possible by utilizing an existing solution known to the state that may or may not interface directly with MACWIS and/or ensure that the MACWIS replacement includes a document management solution.
15	Ensure successful procurement and implementation of new call center system. As a part of the procurement and roll-out of the new intake phone system, OCFS should provide change management activities to prepare staff, ensure comprehensive training on and utilization of new features, and provide consistency in reporting.
16	Explore ability to utilize electronic signatures for clients and courts. OCFS should explore the use of electronic signatures for clients and courts, wherever possible, to help reduce the administrative burden on staff and allow for greater focus on client-related activities.
17	Create an internal dashboard, with potential for external release in the future. OCFS should create a centralized, regularly updated internal dashboard featuring the key metrics that leadership and staff can use to determine performance trends.
18	Undertake key steps to successfully procure and implement a MACWIS replacement. Preparing to both sunset a legacy system and implement a robust CCWIS system is not easy. PCG has made a variety of recommendations to ensure a successful roll-out of the MACWIS replacement system.
#	Recommendations: Policy and Practice — Organization-Wide
19	Prioritize a complete realignment of policy with practice. OCFS should continue to prioritize updating the policy manual to align with the practice model and practice changes that have been outlined through memos.
20	Increase compliance with statutory timeframes. Caseworkers, in consultation with the Assistant Attorney Generals (AAGs), need to communicate honestly and openly about the trajectory of a case and likelihood of reunification with family members. Every part of the system must be responsible for complying with the statutory time frames and the law and every case should aim to provide permanency for a child within one year.
21	Update caseload size, standards, and ratios. PCG recommends that Maine continue to aim to be at or below the caseload best practice of 1:10.
22	Clarify processes so that decisions have at least two-tier review with clear roles and responsibilities at each level. PCG recommends that OCFS revisit their policy and practice regarding Team Decision-Making (TDM) so that when TDM is applied, it is applied in a manner consistent with best practices. In addition, OCFS should clearly outline in policy every critical decision point a caseworker needs to make and clearly define when supervisory review is needed, by whom, and tangible descriptors regarding what that supervision will look like and responsiveness for it.
23	Set clear expectations for communicating new inappropriate reports made against open cases. OCFS should set clear expectations for how open case information should be shared between workers; Intake should always notify ongoing caseworkers who are managing the case and their supervisors of all reports.
24	Develop comprehensive performance-based contracts to maximize returns. To maximize efficiency and value to the state, OCFS should structure contracts, if possible, to pay-for-performance to emphasize the results-oriented nature of the relationship. OCFS should develop logic models that specify the expected inputs and outcomes.

#	Recommendations: Policy and Practice — Organization-Wide
25	Clarify positioning around child rights vs. parent rights. The agency, through its caseworkers and leadership, must make the decision that its primary responsibility and obligation is to the best interest of the child/children.
#	Recommendations: Policy and Practice — Intake
26	Improve processes and ensure adequate staffing to handle intake calls and volume. The state has made a commitment to improve the services at intake with the addition of seven positions: two supervisor lines and five casework lines. Moving forward, PCG recommends OCFS fill vacant positions with experienced, well-trained staff, develop a back-up plan to ensure calls are answered live, consider additional changes to staffing to stagger schedules, and improve training for intake staff.
27	Enhance effectiveness and efficiency of information collection process. OCFS should improve and streamline the process whereby intake workers collect information from callers.
28	Align report reclassification with Structured Decision-Making (SDM) model. PCG recommends continuing to monitor and evaluate the impact of the SDM tool and make adjustments to the tool as needed with the goal of ultimately discontinuing the practice of automatic reclassification of reports once the tool is functioning properly within intake and assessment.
29	Ensure that supervisors review reports within 24 hours. OCFS should ensure that every report receives second level, supervisory full review within 24 hours to ensure accurate decision-making and a timely response.
#	Recommendations: Policy and Practice — Assessment
30	Tighten assessment practices to further assure child well-being. PCG recommends that OCFS implements practice and culture changes that tighten practices and encourage caseworkers/supervisors to prioritize the child's best interest; the caseworker simply must make a decision that is in the child's best interest and be prepared to make recommendations to the supervisor and the AAG that the circumstances require a different course of action.
31	Maintain timeframes currently in policy. PCG recommends, as we are sure the department will do, close monitoring of the impact of recent policy changes on the timeliness metrics. We also recommend maintaining the state's 24- and 72-hour timeframes for initiating an investigation as well as the 35-day timeframe to close assessments. These are in line with industry standards.
32	Improve supervisory support for assessment staff. OCFS should expedite supervisor reviews of new reports, form an on-call team to act on off-hour reports, and ensure there is a robust alert system that prioritizes and tracks the clock from initial report to keep supervisors informed and alerted to initiate the assessment timely.
33	Add enhancements to the kinship placement process. OCFS should continue to prioritize kinship placements and conduct due diligence efforts to find family members for placement, while also working to institute temporary safety placements. OCFS should also identify and train district kinship care specialists who are able to complete expedited background checks and home evaluations for emergency placements.
34	Provide additional support for administrative and investigation activities. In addition to exploring hiring detectives for investigations, OCFS should review the daily tasks performed by caseworkers to determine how administrative tasks could be shifted from caseworker to support (with additional staff dedicated, as needed) or contract staff.
35	Increase efficiency in accessing an authorizing agent for emergency child removal process. OCFS should increase efficiency of case processing around court authority by collaborating for more immediate access to the judges in emergency situations and evaluating statute to determine the ability to modernize the approval process, through email or text, with legal due process considerations.
36	Re-assess the ARP program to align to best practice and define the referral process. It is of the utmost importance that policy is clear and concise, the referral criteria is explicit, and the practice is consistent and implemented with fidelity across provider agencies.
#	Recommendations: Training
37	Build on supervisory tool to promote growth and professional development of staff. OCFS should either modify the current Supervisory tool or create a companion tool to compile and analyze the results of the current tool to help supervisors and caseworkers address bigger picture issues that cut across cases and caseloads. OCFS should also ensure that supervisory meetings are used to develop opportunities for learning and improvement, and that frequent, routine supervision that allows time for professional growth, and not just case reviews, is a priority for every manager in a supervisory role.

#	Recommendations: Training
38	Align new caseworker trainings and training techniques with national best practices. OCFS should implement more experiential training components into new hire training.
39	Ensure that intake supervisors and staff are properly trained to identify high-risk cases. PCG recommends OCFS adopt the brief, unit-meeting training schedule in addition to its current training opportunities offered for ongoing professional development. Supervisors, being so critical to the successful implementation of the mission, vision, values, policy, practice and outcomes of the agency, must also receive more specialized training.
40	Use quality assurance process to support agency policy and practice model and training needs. OCFS should ensure that QA staff, and their feedback, are part of the training development and continuous improvement process.
#	Recommendations: Court
It is worth acknowledging that while these recommendations are being made to OCFS, some of these recommendations are beyond OCFS control alone. They would require support and action from the courts as well.	
41	Offer domestic violence training to judges, attorneys, guardian ad litem, and other court staff. We recommend OCFS encourage judges and court staff attend all applicable trainings from NCJFCJ.
42	Provide training to judges and other court staff on child welfare, OCFS' practice model, policy, and additional compliance standards. It would be beneficial to ensure that all judges have a basic knowledge of general best practices in handling child welfare cases.
43	Hire retired judges with extensive child welfare knowledge and experience to mentor Maine judges.
44	Promote inclusion in the Model Courts Project for Maine. Data on Model Courts has been able to lend support regarding the tangible difference inter-agency collaboration can make in positive outcomes for children and families. Caseworkers need to be strong in their convictions when they have credible evidence, even if they fear being turned down by the judge; they need to be able to use the court as an ally when there are major safety/compliance issues.
45	Develop a clear policy regarding continuances and pre-trial hearings. To help increase timeliness with child welfare cases, PCG recommends utilizing pre-trial hearings. In addition, the courts should develop a firm policy regarding continuances in child welfare cases in order to ensure that their usage is minimized and that child welfare cases remain prioritized.
46	Establish time-certain courtrooms. Time-certain courts would be an ideal solution for scheduling court proceedings of child welfare cases in Maine. This method of court-scheduling is considered a best practice standard by NCJFCJ and its efficiency has been documented in practice; we therefore recommend Maine move in this direction as permissible by the courts.
47	Ensure better inclusion of natural/informal supports in the courtroom. PCG recommends OCFS work to ensure a practice whereby informal supports are included in the court processes so that their involvement is acknowledged and continued. While this approach is typically taken for child welfare involved cases in Maine, it needs to be the standard and one which is strictly upheld.
48	Set a standard of "one family-one judge." While this approach is typically taken for child welfare involved cases in Maine, it needs to be the standard and one which is strictly upheld.
49	Establish court performance measures. In order to understand the extent to which efforts to improve child welfare court processes have made a difference, it is essential to establish court performance measures. The court performance measures will track data which can be used to confirm any progress that has been made and to identify any ongoing challenges.
#	Recommendations: Random Moment Time Study (RMTS)
50	Update the workload analytic tool so workload can be measured on an ongoing basis. OCFS and PCG should apply results from the RMTS and national best practices to determine how many supervisors, specialists and support staff are needed. OCFS should also update the time caseworkers time have available for casework.
51	Improve efficiencies in practice. OCFS should increase the percentage of time staff have available to engage with clients.

#	Recommendations: Out of Home Placements and Resource Parent Recruitment and Retention
52	Define diligent search for notification of biological family. Ensure staff are following the diligent search policy and define "reasonable efforts" in terms of specific steps and timelines in searching for notifying biological parents and extended family of children in OCFS custody.
53	Increase emergency placement options. Build a pool of emergency resource families by implementing things such as offering enhanced daily supervision rates, providing additional training and support services, and providing support to find and pay for child care quickly.
54	Develop an online orientation and application process for licensing homes. In addition to online resources, OCFS should evaluate the current application process to eliminate any non-essential requirements or redundancies in the process, collect and measure additional metrics to fully understand why and when applicants exit the process, and evaluate training offerings.
55	Enhance engagement and responsiveness of the onboarding process for prospective and new resource parents. OCFS should develop a formal outreach and response strategy for new and potential resource parents, and review and improve the Foster Parent Mentor program's outreach and communication strategy.
56	Improve relationships between resource parents and caseworkers. Relationships could be improved by developing a Resource Parent support plan with unique needs of resource parents and relationship building practices, personalized support to foster parents, applying customer service principles, and integrating trauma-related caregiving skills.
57	Create a system to better match children to available resource families. Developing a matching tool that easily produces a report with current lists of resources and details about the resource parent(s) with sort and filter capabilities will help OCFS make better placements encouraging less placement disruption.
#	Recommendations: Staff Well-being and Retention
58	Cultivate a positive organizational culture and nurture a resilient workforce by addressing secondary traumatic stress and establishing Workforce Wellness workgroups. Developing educational training sessions for direct staff, supervisors and managers/administrators related to secondary trauma will better prepare the workforce for responding to trauma.
#	Recommendations: Background Check
59	Streamline and expand the capabilities of the background check unit. To reduce the amount of time it takes to complete the background check process, it is important that OCFS identifies clear policies and procedures for when enhanced background checks are required and expand the background check unit to provide background checks equally to all districts and to offer more support in follow up of obtaining incident/police reports.
#	Recommendations: Quality Assurance (QA) and Quality Improvement (QI)
60	Clarify goals and objectives for QA and QI. In addition, more formalized collaboration should be built between these departments through the development of a comprehensive Continuous Quality Improvement team and other current unmet needs should be identified.
#	Recommendations: Visitation
61	Track frequency and quality of visitation so that permanency outcomes are measurable and contracts can be accurately budgeted. OCFS should update visitation documentation and MACWIS practices and track frequency and quality of visitation by requiring contract agencies and case aides to document and report additional data points.
62	Ensure adequate training for contracted supervisors and case aides. It is important that contracted supervisors and staff are well trained and prepared for supervising visits. OCFS should utilize best practice training, develop desk guides and define criteria to be met for step down supervision needs.
#	Recommendations: Transportation
63	Improve data collection of service utilization and review transportation needs to optimize services. A simple reporting tool should be created to capture additional information, including how often parents request transportation, if they received that transportation, and how much time it took to get to their destinations to improve transportation services.

#	Recommendations: Transportation
64	Clarify program scheduling process and eligibility rules. To streamline the transportation request process, OCFS should create a guide for foster parents and OCFS staff on policies and practice around transportation services and manage the process through a central point of contact in each office.
#	Recommendations: Post-Adoption
65	Develop a comprehensive adoption preservation services program. A needs assessment should be conducted to determine current resource availability and gaps in the community. A comprehensive strategic plan should be developed to improve service provision, better implement referrals to current resource and develop new resources to meet population needs.
#	Recommendations: Consistency
66	Improve consistency in practice across districts and offices. OCFS should develop and update any Standard Operating Procedures (SOPs) for each of the major work streams in the agency, especially where processes differ across offices and hold staff accountable to following these procedures as part of the Quality Improvement process.

Table 1: Recommendations Executive Summary

In addition, as part of this effort, PCG reviewed eight case records which were selected by OCFS. Due to the small sample size, and the nature of the cases, it was difficult to generalize the findings as typical case practice. The cases selected were some of the most severe and problematic, with issues ranging from child death or serious injury to chronic neglect. Regardless, the case record reviews were valuable because they provided an opportunity to take a deep dive into some of OCFS' most difficult cases to determine what the core issues were and what could be done differently in the future to support better outcomes for children and families. In the full report that follows, PCG provided a matrix of strengths, challenges, and opportunities for improvement as it relates to the *entirety of the child welfare system*, based on what we found in those eight (8) cases.

Introduction

Project Overview

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) sought an evaluation of its Child Welfare program's business processes. While the state has a relatively small population of 1.3 million, Maine OCFS has faced disproportionately large public child welfare challenges from more referrals and assessments for abuse and neglect to more intensive staff regulations around assessment and case follow up. This evaluation aims to identify changes needed to improve the safety, permanency, and well-being for children and their families who are served by the agency and to develop a plan to implement and sustain needed change.

The state engaged Public Consulting Group (PCG) to conduct a comprehensive evaluation and business process review. This project is broken down into three (3) phases, starting in October 2018 and running through March 2020, as shown and detailed below.

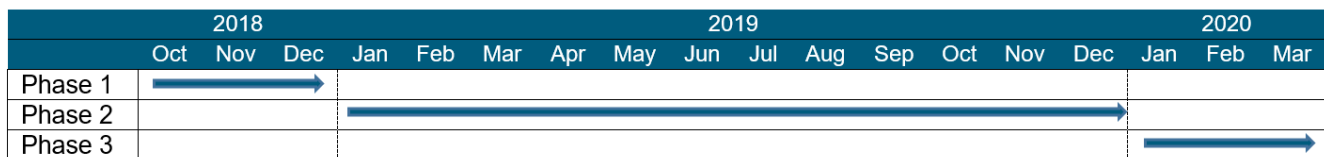


Figure 2: Phases of the Maine Office of Child and Family Services Child Welfare Business Process Redesign Project

- **Phase 1**, whose results are described in the following pages, identified where initial practice and process changes are needed. During this phase, our team performed an abbreviated workload study, engaged internal and external stakeholders, and observed/documentated intake and assessment processes to uncover needs and suggest changes needed to improve efficiency and case practices. More specifically, for Phase 1, PCG conducted an evaluation of the:
 - Process efficiency and effectiveness of the child welfare system
 - Practice performance and outcomes for intake and assessment
 - Policies as they relate to current practices
 - Staffing and technology needs to improve practice performance and outcomes
- **Phase 2** will expand our evaluation to permanency and adoption case practices, including licensing, while at the same time we will develop implementation plans for recommendations from Phase 1, focusing on intake and assessment processes, including changes to policy, practice, business processes, and technology.
- **Phase 3** will be used to develop sustainability plans to support a culture of continuous improvement and ongoing implementation management.

Goals and Vision

The goals of this project are five-fold.

1. To use a variety of qualitative and quantitative research methods to gain a detailed and data-informed understanding of operations, policies, processes, and activities around child welfare management that impact the ability of OCFS to effectively and efficiently serve families
2. To develop recommendations that are in line with the vision of the agency, draw on nation-wide best practices, and are grounded in ensuring child safety
3. To successfully implement recommendations and make desired changes to the service delivery model
4. To engage staff and stakeholders throughout
5. To create a self-sustaining environment where staff are drivers for new and sustained changes to continually improve the system

Our approach to this engagement is aligned with the vision of OCFS, to quickly develop improved and more efficient business processes for the lifecycle of a case, with a clear focus on improving outcomes related to child safety. **As a part of their work over the last year, OCFS has undertaken a period of self-assessment and reflection to identify areas of improvement, and they have already implemented major changes.** It is worth noting that in the recommendations that follow, we focus on several of those changes, either acknowledging the effort and encouraging consistent application and/or providing additional support and value for changes that are already in process.

PCG's recommendations, combined with the findings from a review and report by the Maine Office of Program Evaluation & Government Accountability (OPEGA), provides the state with a comprehensive picture of what is working well across in the child welfare system and where there are needs still to be met.

Document Overview

To assure a fundamentally sound and high-functioning organization, leadership must focus on the core tenets of child welfare service delivery before focusing on current or specific issues. Historically, child welfare has had to contend with a complex combination of societal issues (poverty, domestic violence, substance use disorder and the opioid crisis, and mental health and mental illness to name just a few). The crisis lens through which child welfare often operates can be a barrier to implementing improvements to service delivery to enhance practice, outcomes, and sustainable solutions. **The first steps forward in enhancing a strong child welfare agency in Maine include bolstering the foundational components that will guide continuous quality improvement for practice for the future.** We believe the foundational components include leadership, policy, practice, and training, which must be aligned to a communicated vision that is clearly understood by all staff, including:

1. Encouraging and supporting strong leadership
2. Having a vision
3. Following and implementing best practices
4. Being aware of changing child welfare and child protection philosophical issues
5. Effectively recruiting and retaining caseworkers
6. Retaining effective supervisors
7. Offering programs that meet the needs of children and families
8. Holding programs accountable and responsible for outcomes
9. Utilizing data to manage and continuously improve

We have made, in the following sections, recommendations that align with these fundamentals. We also encourage OCFS to continually strive to meet these basic elements in their organization and practice. The recommendations are organized in chapters, which represents the original memos, according to the following structure.

Focus Area	#	Recommendation
Quick Wins	1	Establish a centralized, up-to-date document storage for policy and practice
	2	Streamline the printing of Discovery in MACWIS
	3	Formalize an ongoing training management plan for future implementation(s)
	4	Improve consistency with case closing summary
	5	Further build infrastructure to have staff-led input on practice and policy changes and implementation efforts
	6	Develop a consistent, structured and transparent way to share updates and changes with staff
	7	Consistently prioritize geographic case assignment
	8	Designate additional notaries in each office
	9	Provide policy clarification and training around criminal background checks
Technology	10	Make minor changes to MACWIS to increase efficiency
	11	Work with OIT to ensure efficient operation of hardware and software, and flexibility to support future solutions
	12	Provide staff with updated transcription options
	13	Implement a mobile “front end” that connects to MACWIS
	14	Move toward use of an electronic document management solution
	15	Ensure successful procurement and implementation of new call center system
	16	Explore ability to utilize electronic signatures for clients and courts
	17	Create an internal dashboard, with potential for external release in the future
	18	Undertake key steps to successfully procure and implement a MACWIS replacement
Policy and Practice: Organization-Wide	19	Prioritize a complete realignment of policy with practice
	20	Increase compliance with statutory timeframes
	21	Update caseload size, standards, and ratios
	22	Clarify processes so that decisions have at least two-tier review with clear roles and responsibilities at each level
	23	Set clear expectations for communicating new inappropriate reports made against open cases
	24	Develop comprehensive performance-based contracts to maximize returns
	25	Clarify positioning around child rights vs. parent rights
Policy and Practice: Intake	26	Improve processes and ensure adequate staffing to handle intake calls and volume
	27	Enhance effectiveness and efficiency of information collection process
	28	Align report reclassification with Structured Decision-Making (SDM) model
	29	Ensure that supervisors review reports within 24 hours

Focus Area	#	Recommendation
Policy and Practice: Assessment	30	Tighten assessment practices to further assure child well-being
	31	Maintain timeframes currently in policy
	32	Improve supervisory support for assessment staff
	33	Add enhancements to the kinship placement process
	34	Provide additional support for administrative and investigation activities
	35	Increase efficiency in accessing an authorizing agent for emergency child removal process
	36	Re-assess the ARP program to align to best practice and define the referral process
Training	37	Build on supervisory tool to promote growth and professional development of staff
	38	Align new caseworker trainings and training techniques with national best practices
	39	Ensure that intake supervisors and staff are properly trained to identify high-risk cases
	40	Use quality assurance process to support agency policy and practice model and training needs
Court	41	Offer domestic violence training to judges, attorneys, guardian ad litem, and other court staff
	42	Provide training to judges and other court staff on child welfare, OCFS' practice model, policy, and additional compliance standards
	43	Hire retired judges with extensive child welfare knowledge and experience to mentor Maine judges
	44	Promote inclusion in the Model Courts Project for Maine
	45	Develop a clear policy regarding continuances and pre-trial hearings
	46	Establish time-certain courtrooms
	47	Ensure better inclusion of natural/informal supports in the courtroom
	48	Set a standard of "one family-one judge"
	49	Establish court performance measures
RMTS	50	Update the workload analytic tool so workload can be measured on an ongoing basis
	51	Improve efficiencies in practice

Focus Area	#	Recommendation
Out of Home Placements and Resource Parent Recruitment and Retention	52	Define diligent search for notification of biological family
	53	Increase emergency placement options
	54	Develop an online orientation and application process for licensing homes
	55	Enhance engagement and responsiveness of the onboarding process for prospective and new resource parents
	56	Improve relationships between resource parents and caseworkers
	57	Create a system to better match children to available resource families
Staff Well-being and Retention	58	Cultivate a positive organizational culture and nurture a resilient workforce by addressing secondary traumatic stress and establishing Workforce Wellness workgroups
Background Check	59	Streamline and expand the capabilities of the background check unit
Quality Assurance (QA) and Quality Improvement (QI)	60	Clarify goals and objectives for QA and QI
Visitation	61	Track frequency and quality of visitation so that permanency outcomes are measurable and contracts can be accurately budgeted
	62	Ensure adequate training for contracted supervisors and case aides
Transportation	63	Improve data collection of service utilization and review transportation needs to optimize services
	64	Clarify program scheduling process and eligibility rules
Post-Adoption	65	Develop a comprehensive adoption preservation services program
Consistency	66	Improve consistency in practice across districts and offices

Table 2: All Recommendations

Methodology

Overall Approach

This document describes the approach used to perform analyses and develop findings and recommendations for meeting future needs of OCFS. Sources included:

- Interviews with OCFS leadership and staff
- Listening sessions with field office staff from across the state
- In-person observation of day-to-day processes
- A survey of staff
- Review of policy and other relevant documentation
- Mapping of key processes with OCFS staff
- Data analysis and review (from Maine's Statewide Automated Child Welfare Information System, MACWIS)

PCG utilized a mixed-method approach for analyses with strong input from staff and leadership. Quantitative data derived from MACWIS is limited to the quality and quantity of information contained in the data set. There is no way to hypothesize or analyze data that is missing. To contextualize the data, qualitative information from interviews, listening sessions, in-person observations, and staff surveys were used to work in tandem with quantitative data sets to more clearly define outcomes and offer explanation of trends. The following research questions guided the discovery process.

Practice and Process

- What are the standard practices used to complete casework? Are these appropriate? Are they followed consistently? How have those practices changed since the last organizational assessment?
- What is the business process for each practice area? Do the current processes align to national best practices? Are there areas for improvement where efficiencies can be gained?
- Are there areas where work is being duplicated? Where time (or information) is lost between steps?
- How much time do workers spend on cases? What is the breakdown between client time and paperwork/dictation? What changes are needed to improve practice?
- What is the process for and current structure of after-hours coverage?
- How is the recently developed workload analytic tool being utilized? Does the tool help manage workloads across the Districts?
- What are the current workload challenges and needs? Could staff be more effectively allocated?
- Do policies reflect actual case practice? What changes need to be implemented in policy to reflect best practices? How should practices be best documented to ensure compliance which will in turn lead to improved efficiencies and outcomes?

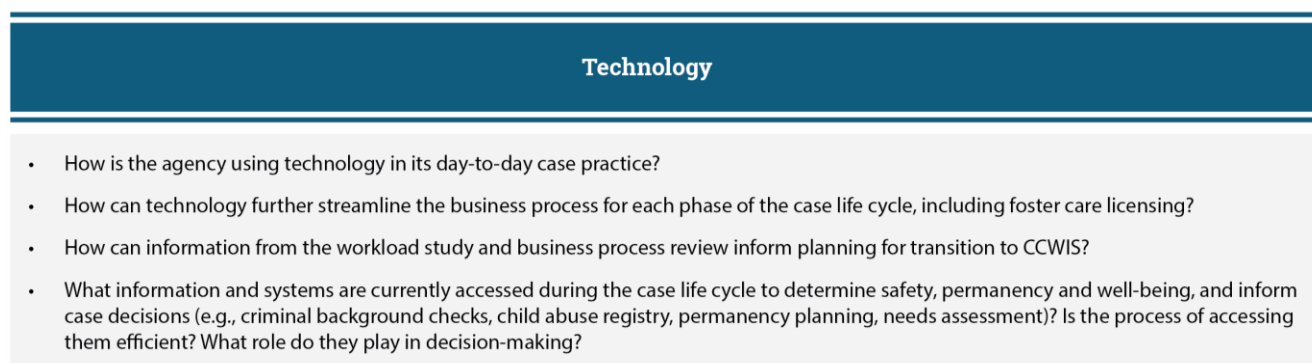


Figure 3: PCG/OCFS Research Questions

PCG utilized a multi-step process for systematically collecting, analyzing, and synthesizing data.



Figure 4: Discovery Activities and Products

Below is a more detailed summary of all activities that PCG completed throughout the project to develop analyses and recommendations contained herein.

- I. **Project Kickoff.** PCG launched the project with a kick-off meeting on October 1, 2018. The kick-off allowed PCG to gain an understanding of OCFS' goals for the project and establish the basis for the start of our analysis. PCG used the kick-off to hear from OCFS leadership, identify key stakeholders, discuss ways to ensure the staff voice was heard, create project management tools, and establish a project schedule with check-ins. A result of this meeting was also the creation of leadership feedback structure (see Figure at right) that developed the Oversight Steering Committee, led by the Commissioner, the Oversight Leadership Team, led by the OCFS Director, the staff-led Collaborative, and the Stakeholder Steering Committee. The latter two committees are discussed below.



Figure 5: Project Leadership and Communication Structure

- II. **Interviews with Leadership.** At the beginning of this engagement, PCG interviewed all OCFS leadership to understand how each team member's role contributed to achieving the agency's strategic goals and objectives. We also sought to understand the culture and philosophy of the agency as well as recent and planned changes.

As a key component of this project, PCG has, and will continue to, engage staff, administration and external stakeholders; this endeavor provides valuable perspectives that supports a thorough and accurate evaluation. PCG developed a four-fold strategy (III through VI, below) to gather information, conduct detailed discussions, mine ideas from staff, communicate information about the project, and begin to develop a sustainable service delivery model for the future. Activities included:

- III. Site Visits** with interviews and observations of business processes. Goals for initial site visits were to:
- Secure a baseline understanding of processes, steps, interactions, and overall service delivery system
 - Begin to identify issues that impact service delivery/efficiency and generate ideas to address them

We will follow these site visits with additional visits to the same or other offices throughout the course of the project to validate and test ideas as they are developed.

- IV. A Change “Collaborative”** was engaged as a core working component of the project. Made up of a dozen or so staff at all levels from across the state, this group has been asked to be an active part of developing, designing, testing, and implementing the change efforts. While initially the Collaborative was asked to map business processes and provide feedback and guidance (what’s working, what’s not, what’s repetitive, what doesn’t make sense, where time is wasted, where there are errors/missteps likely to occur, etc.), we will ask them to quickly transition to providing thought leadership and investment going forward. They will be empowered by leadership to be active in the design of a future state model as well as the rapid implementation of a “new normal” and set of solutions among peers.

- V. Townhall-Style Listening Sessions** were conducted across the state during October and November 2018. These half-day meetings at five sites across the state were open to all child welfare staff to share the message of this project and get feedback on where staff are struggling or see opportunities to refine processes. We asked those who could attend to:
- Come with issues and questions from their peers
 - Be active listeners and participants
 - Communicate the project’s goals and activities once they return to their local offices

Going forward, the listening sessions, whose style and composition we may replicate as Change Workshops, will be designed to engage staff in discussion and planning regarding efforts. In addition, we will examine the project’s impact on current service delivery at the local level as well as disseminate information consistently to local staff across the state.

- VI. Stakeholder Steering Committee.** As this project moves toward the implementation of new policies and processes developed during the assessment phase, it is important to include both internal and external stakeholders in the process. The ME OCFS Child Welfare BPR Stakeholder Steering Committee was developed to provide a two-way channel of communication focused on the recommendations and their implementation, ensuring that stakeholders are aware of potential changes to practice and policy and have a way to provide feedback that can make the implementation process as efficient and effective as possible. Committee members, including OCFS and DHHS staff as well as those from partner agencies, advocacy organizations, and other state agencies listed below:
- Spurwink Child Abuse Program
 - Maine’s Child Death and Serious Injury Review Panel
 - Northern Light Hospital
 - Child Welfare Services Ombudsman
 - Office of the Maine Attorney General
 - Maine Supreme Judicial Court
 - Maine General Hospital
 - Edmund N. Ervin Pediatric Center

- University of Southern Maine, Muskie School of Public Service
- Adoptive and Foster Families of Maine
- Community Care
- Maine Department of Corrections
- Youth Leadership Advisory Team
- Maine Youth Leadership
- Maine CASA
- Women in Crisis Center
- Maine Department of Education, Special Services
- Maine Medical Center

This group will meet regularly to learn about these potential changes and plans for implementation, and to have the opportunity to communicate directly with OCFS leadership about the challenges and opportunities that these changes present from their unique perspectives.

VII. Surveys with Child Welfare Staff Across the State gave each employee a voice and an opportunity to share both strengths and weaknesses of the current process of delivering services, we conducted a survey in the beginning month of the project. OCFS sent an email message to its staff containing a link to the online survey, encouraging them to participate. A copy of the survey can be found in Appendix A. Staff were given two weeks to respond, with an additional three days provided to increase the rate of participation. A total of 214 staff responded.

Type of Participant	Number of Participants
Program Administrator	6
Assistant Program Administrator	4
Supervisor	41
Caseworker	120
Support Staff	21
Other	22
Total	214

Table 3: Survey Participation by Staff Class

In addition to staff involvement, PCG conducted additional activities aimed at understanding issues at a foundational level. These included:

- VIII. Data and Information Review.** The data review was completed utilizing MACWIS to quantitatively determine how well staff are adhering to specific policies. PCG receives monthly data extracts from MACWIS and imports those extracts into a secured database. Data was analyzed using SQL and R to track policy adherence and visualize changes over time.
- IX. Policy Review.** Maine's current policy manual, as published on the OCFS website, and policy update memos, as provided by management, were thoroughly reviewed by PCG policy specialists. The first part of the review looked for inconsistencies and redundancies in existing policy in terms of timelines, procedures, and definitions. The results were summarized and matched to what OCFS staff reported in interviews, listening sessions, and site visits to develop a clear picture of the relationship between policy and practice.

The second part of the policy review focused on policies that drive practice and those that are impacted by legislative timeframes. A matrix tool was developed to examine intake, assessment, permanency, adoption and licensing policies. The tool enabled matching policies with case-level data fields to develop

valid and reliable measures of OCFS practice as captured in MACWIS. Front-end MACWIS data fields where caseworkers, supervisors and other OCFS staff enter information about the children and families on their caseloads was matched to back-end MACWIS data. Matched data fields were analyzed to determine the best and most viable measures of OCFS practice. Results of the policy analysis were provided to PCG's data analysts who compared quantitative MACWIS findings with OCFS policy and national best practices.

- X. Process Mapping.** As a component of project discovery, PCG worked with the Collaborative to document the “As-Is” processes for OCFS. Processes are documented using a rudimentary Lean value stream mapping process. Value stream mapping is a facilitated Lean method used for capturing both the workflow and the movement of information supporting a process. The focus is on identifying how effectively the process delivers value to the customer. Fundamental to the value stream mapping method is that the value creators, i.e. OCFS staff, with their understanding and unique perspective, who create the maps. The following OCFS processes were mapped for this evaluation:

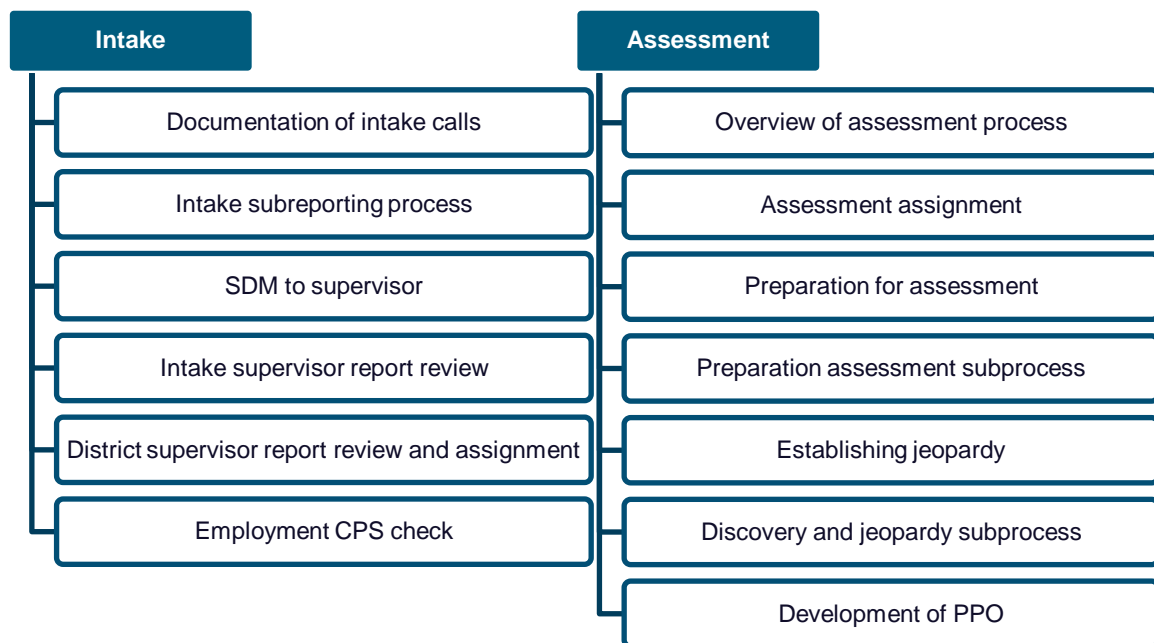


Figure 6: Process Maps Developed

The Collaborative will be used to further develop process maps for permanency, adoption, and licensing departments as the project progresses.

- XI. A Random Moment Time Study (RMTS)** was administered to district and central intake staff between November 5, 2018 through December 14, 2018. An email was randomly sent to staff with a link to the survey asking them to identify the activity in which they were engaged at the time of the survey. While similar to the RMTS used by OCFS for administrative cost claiming, the list of activities and tasks was more discrete for this study to capture greater detail on the types of activities staff complete for different types of cases, the proportion of time they are engaged in those activities and who performs them.

Supervisors, caseworkers, specialists, support staff and licensing workers participated in the study, with a separate sample selected for each staff type. The table below summarizes the sample size for each staff type and the rate of response. Different sample sizes were drawn for each staff type, taking into account the number of staff within each grouping. During the first couple of weeks of the RMTS, staff were identified in a couple of the staff categories who did not qualify for participation. Samples were adjusted to ensure a sufficient number of responses were obtained after omitting those which no longer qualified.

Staff Type	Sample Size	Surveys Completed	Response Rate
Supervisor	2,000	1,668	83%
Caseworker	3,086	2,604	84%
Specialist	902	739	82%
Support	1,000	851	85%
Licensing	750	692	92%
Overall	7,738	6,554	85%

Table 4: RMTS Participation by Staff Class and Response Rate

XII. Best Practices Review. We performed an extensive analysis of practices and policies across child welfare agencies (at both the state and local level) to identify nationwide best practices in the delivery of services that would be specifically applicable to Maine. Using PCG's expertise from past child welfare engagements, the team conducted a comparative examination of Maine's current services delivery model with other state models. The goals of the best-practices research were to identify where states have had successes in the areas of meeting federal timelines, practice, process, technology, and staffing, as well as successes implementing new technology systems, improving outdated practices, and streamlining services. We took a two-phase approach to the best practices research.

Phase 1: We conducted a broad-based, best practices research study, looking at the areas listed below and drawing on our team's knowledge of where states had achieved success and innovated to overcome problems facing the child welfare community. More specifically, PCG focused on examining the following areas for best practices:

- Hotlines/intake
- Technology implementation
- Meeting timelines
- CFSR results

Phase 2: We selected a few states for in-depth research as to really understand their operations and factors that have led to their overcoming challenges and/or achieving successes in key areas. For this research PCG relied on three major data sources: open source data, primary data from interviews with states, and PCG subject matter expertise. These states included: North Carolina, Indiana, Delaware, Missouri, Oklahoma, Kansas, Pennsylvania, Colorado, Tennessee, Arizona, Texas, Illinois, Minnesota, Kentucky, Oregon, Virginia, Florida, Massachusetts, New Jersey, California, Connecticut, and New York.

Strengths

Strengths Identified in Current Agency Practices

Over the course of our review and in developing the recommendations in this document, the PCG team identified a number of areas of strength within current OCFS practices. This section details those strengths and highlights areas where OCFS should either continue or build on current activities.

Staff Are Committed to the People They Serve. In PCG's survey, staff were asked what they enjoy most about their job, and a majority of respondents (61%) indicated that it was helping to improve the lives of children and families. This speaks to the overall dedication of the staff and the focus that they maintain on the people that they serve. It is not always the case that staff find the core purpose of their job is the thing that they enjoy most, so this is certainly a strength for OCFS.

Positive Findings from Case Reviews. As part of this project, members of PCG's team conducted case reviews of eight particularly challenging cases to identify ways that OCFS could improve the way in which they were handled. Even in these difficult cases, several positive findings were identified:

- Timely initiation of child welfare response
- Prompt referrals to services
- Frequent contact with parents and providers
- High quality documentation and evidence available to the courts
- Provision of concrete services/tangible supports to families in need

These are significant components of the work done by the caseworkers and supervisors and speak to the level of commitment and communication by staff to the people they serve. While these were some of the most challenging cases encountered by OCFS, both in terms of the elements of the cases and the agency's response, it is important to note that this focus on the needs of children and families was present and identifiable throughout the work that was reviewed.

Strong Peer Support. PCG's staff survey identified teamwork and strong peer support as two of the elements that caseworkers feel are strengths within OCFS. Nearly 20% of survey respondents said that working with their peers was the thing that they enjoyed most about their job. When asked about the things that help them provide support services to children and families, survey respondents commonly noted that teamwork, both inside and outside of the agency, was key to their ability to provide this support.

Centralized Intake Hotline. More than half of all states, along with Washington, D.C., have centralized their child welfare intake operations. This has been cited as a best practice because of the consistency and efficiency that centralization of this important work makes possible. A study presented by Casey Family Programs cited research showing that states with centralized intake systems may take slightly longer to investigate referrals, but they identify more cases and confirm more victims than in states where intake is managed locally. OCFS' centralized intake hotline operation positions the agency to take steps to continue to increase consistency, productivity, and efficiency while also helping to ensure the best possible outcomes for the children and families that require the agency's services.

Data Tracking and Analysis. OCFS has an internal team that creates reports, conducts analysis, and provides information to agency leadership based on data gathered from MACWIS. The agency uses this data to plan and analyze current operations and to inform decisions about changes and improvements to service provision. Using data and analysis to drive decision-making allows OCFS to more accurately measure the impact of changes and progress towards desired outcomes. In this way OCFS can take a measured, iterative approach to implementing change.

Development of Supervisory Tool. The recently implemented supervisory tool is discussed elsewhere in this document, but it is important to note that despite any other concerns about this tool, it requires supervisors to regularly review the work of their caseworkers in a structured and consistent way. In a field dominated by emergencies large and small, supervisor/caseworker interaction can often be driven by the crisis *du jour*. A regular check on the work being done in a non-crisis environment is crucial to ensure overall quality of casework and consistency of services.

Commitment to Increasing Service at Intake. In addition to the new phone system noted above, OCFS has also committed additional staff lines to help reduce the call drop rate and increase the percentage of calls to the intake hotline that are answered the first time. It is clear that the agency understands the scope of this problem and is taking steps to address it on multiple levels.

MACWIS Replacement. OCFS has determined that MACWIS, while capable, should be replaced by a more robust CCWIS system, and has already taken several major steps towards replacement. A new system can address or eliminate many of the issues identified by staff with MACWIS that may be related to the older technology on which it is based. A thoughtful approach to MACWIS replacement will allow for the integration of updated business processes alongside a best of breed IT solution, which could have a significant impact on workflow, workload, and the time available to staff to interact with children and families.

Phone System Replacement. OCFS is currently in the process of procuring a new and improved phone management system for use with the centralized intake hotline, with the intention of having a new system up and running by April 2019. The agency is seeking a robust call management system that will help more actively manage calls and provide comprehensive statistics and monitoring, allowing OCFS to better respond to shifts in demand and to achieve the goal of answering virtually every call that comes in and reducing the call drop rate.

Support Systems and Technologies. Recognizing both the unique needs of caseworkers and other staff who spend significant time in the field and the challenges posed by the geography of Maine, OCFS has worked to respond to these needs with systems and technology that aim to provide efficiencies and improve processes. This includes laptop computers for use in the field, cell phones (and smartphones for staff who go into the field), tablets, satellite phones, and dictation software. Although not all of these items were implemented successfully, OCFS should be credited for attempting to provide solutions to issues raised by staff.

Robust SDM Tool and Decision-making Structure. OCFS has in place a system to guide staff decision-making around key events in the lifecycle of a case, helping to ensure a consistent approach to cases across all districts. While SDM was initially implemented in intake, recently investigation staff have begun using the tool, and additional units are scheduling to be trained on SDM in the coming months. The use of a standardized tool to determine how a case is approached and managed at key decision points provides structure to the day-to-day work of staff.

Quality Improvement (QI) Staff Housed with Intake and Districts. Including Quality Improvement staff within the intake unit as well as each of the districts allows for a focus on continuous improvement across all lines of work. This allocation of staff also allows caseworkers and supervisors to see QI staff as a part of the work that they do and as part of the team “on the ground,” rather than as a group that comes in from the central office to identify problems with their work. Integrating QI staff into the workforce in this manner enhances the ability for

areas of concern to be identified in day-to-day work and presented back to staff with the context necessary for staff to understand the need for change or improvement.

Alignment of Investigation Timelines. OCFS has recently updated its Investigation policy, and in the process, has changed the starting point for activities that must be completed within 24 or 72-hours to start earlier. The new starting point is now the time when the report is received by intake, rather than when it is sent to the district. This change, while reducing the amount of time OCFS has to respond, is in alignment with national best practices, and is an important step by the agency to promote consistency of response.

Quick Wins

Quick Win Recommendations

We believe that the recommendations in this memo/chapter represent opportunities to provide OCFS with some “quick wins” that will generate excitement among all stakeholders, show the seriousness of this effort, and lay the groundwork for long-term redesign efforts. In addition, a central theme among discussions with staff is “assessment fatigue,” meaning staff, while expressing gratitude for the opportunity to give input, are hopeful that leadership can turn their input into action. While, singularly, none of these recommendations have direct, significant impact to efficiency or outcomes, collectively they represent a solid, concerted effort to help OCFS leadership to begin the effort of making significant change. Each recommendation herein was selected according to the following criteria:



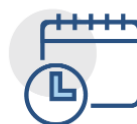
Low cost

The total estimated cost of full implementation of a quick win will require between \$0-\$25,000 and/or fewer than 50 director hours.



Low risk

The total number and severity of potential threats to the implementation of the recommendation are either very low or not severe and can easily be mitigated.



Short implementation timeframe

The total estimated timeframe for full implementation of the recommendation is an average of 30-45 days and designed to be no more than 60 days.



High feasibility

Taking into account factors such as political environment, legal and statutory implications, resources, technological requirements, scheduling and other factors, the recommendation can be implemented with limited challenges.

Figure 7: Criteria for Recommendations

#	Recommendations
1	Establish a centralized, up-to-date document storage for policy and practice
2	Streamline the printing of Discovery in MACWIS
3	Formalize an ongoing training management plan for future implementation(s)
4	Improve consistency with case closing summary
5	Further build infrastructure to have staff-led input on practice and policy changes and implementation efforts
6	Develop a consistent, structured and transparent way to share updates and changes with staff
7	Consistently prioritize geographic case assignment
8	Designate additional notaries in each office
9	Provide policy clarification and training around criminal background checks

Table 5: Quick Win Recommendations

1. Establish a centralized, up-to-date document storage for policy and practice

OCFS currently communicates policy and practice changes to staff via memos which are emailed to staff. While emailed memos make for easier, quicker mass distribution, it is not a best practice for communicating policy and practice changes to staff *if policy is not subsequently updated as well*. Though we will ultimately recommend reconciling practice updates with memos and moving to making all practice updates through the formal structure of a policy change, as a first step, we recommend that OCFS establish a centralized document storage location (intranet, shared drive, or other location that is linked to the policy manual) where staff can view the latest and most up to date policy and practice memos. This will:

- Lessen risk associated with staff using outdated policy
- Reduce the amount of time that caseworkers must dig through emails
- Reduce the frequency with which caseworkers must ask supervisors questions
- Permit staff to focus more time on adhering to protocol and value-added work

Centralizing the storage of policy and practice changes will prepare the agency to validate that all practice changes are supported by and converted to policy. Keeping staff apprised of current policy and practice requirements will assure that staff are considering and following the appropriate protocol when completing daily tasks.

In addition, in the meantime, the structure and timing of memos should be reviewed to include more prescriptive details and timelines, so staff more clearly understand the changes before they need to be implemented. Every memo communicating policy or practice changes should include the following:

- Overview of the change(s) made to policy or practice
- When the change(s) takes place (or reference back in the case of clarifications)
- Why the change(s) was made and how it relates to the overall vision of the agency
- A link to the where the latest policy or practice guidelines are stored

2. Streamline the printing of Discovery in MACWIS

Discovery is a key component of the case lifecycle and a lot of different forms and documentation are required to be delivered to the Court. To prepare the materials, caseworkers must search for multiple forms and documentation, and print each one individually to compile the required information for Discovery. In addition, caseworkers reported that with regularity, when attempting to print the narrative log for a selected date range, MACWIS will freeze and/or crash. As a result, time can be extended because caseworkers may be required to print multiple versions using a shorter date range which adds additional time to complete the task. Depending on the age of the case and the months printed, this administrative task could take *caseworkers* (not clerical in many offices) up to 30-60 minutes to complete.

Through our evaluation of Child Welfare business processes, we learned that MACWIS has an assessment functionality that allows caseworkers to check a box which, on the backend, pulls together all assessment related documentation for printing and filing. We recommend developing a similar “button” for Discovery that will allow all Discovery related documentation, over a selected period, to be compiled and printed with the click of a button. The following screens/modules should be included as part of streamlined printing for Discovery:

- Narrative log
- Intake summary report
- Visitation module

- Family plan/child plan module
- Family team meeting/matrix module

Creating this functionality will virtually eliminate the significant time required to prepare documentation for court, allowing it to happen more rapidly and be less burdensome on staff. Caseworkers can then reallocate the time savings to tasks that will eliminate risks and potential harm to the child or children. In addition, we recommend OCFS consider exploring how to formalize the use of email for sending discovery documents instead of hand delivering or mailing to multiple recipients.

3. Formalize an ongoing training management plan for future implementation(s)

As with any high-functioning child welfare organization, OCFS offers training opportunities to staff to better understand processes and tools that are used throughout child welfare. Training is fundamental in preparing staff for future success in their roles and ultimately allow them to better serve their community. Through reviews of training materials and discussions with staff at Listening Sessions, we have identified the implementation of significant policy/practice changes as an area where training can be improved. Formalizing the organization of and improving training that covers policy/practice changes will better support the needs of staff and ensure all staff are properly trained and familiar with processes and tools to excel in all responsibilities.

To enhance OCFS' current system of training, we recommend that OCFS develop a training management plan for the rollout of each new process and tool. This will create a repeatable structure for each rollout that aligns to the different needs of staff throughout offices. It will also set staff expectations on what to anticipate from a training perspective and the support that will be offered during times of change. OCFS should consider the following steps:

1. During training rollout, first, mid-level leadership (PAs, APAs, and supervisors) should be informed of changes to allow time to prepare, ask questions, be trained, and understand how staff and the work will be impacted.
2. Next, training should be rolled out to those mid-level managers so that when staff complete training, leadership and supervisors will be knowledgeable and prepared to answer questions.
3. Lastly, clear, concise training should be rolled out to all staff, timely and in advance of changes. **All** staff who are potentially impacted in some way should be trained, though consideration of type, materials, and length of training should be made based on total impact.

Included below are key components to incorporate in every training management plan.

Communication

To ensure that training is most effective, the channels in which you communicate are very important. This begins with initial communication about training to staff and through to the methods of training you will use, such as online training, in person training, refresher training, etc. It is important to offer multiple methods of training to take into consideration different styles of learning.

Learning on Demand

Offering online versions (such as the Adoption training) that staff can take as their schedule permits is of utmost value. It is often difficult to find mutual training times for all staff to participate, and even so, there may be unexpected situations that arise creating conflict. An audio/video recording hosted online allows staff to complete required training as their schedule permits. It also allows the opportunity to refresh their knowledge on the subject as needed.

Ongoing Refresher Training

Periodically hosting live refresher training provides staff an opportunity to refresh their understanding of how to complete processes or use tools, as well as take a deeper dive into the learnings once they are a little more familiar with processes or tools. It provides new hires the opportunity to take the same live training initially offered to all other staff to ensure all staff are trained equally.

Scheduled Trainings

With any implementation, it is important to have a scheduled training plan to ensure staff are familiar with the process or tool. Offering several sessions will allow staff to select a time that works with their schedules. This should be organized and communicated in advance to allow ample amount of time for staff to manage their time to participate.

Figure 8: Key Training Components

4. Improve consistency with streamlined case closing summary

During process mapping, we identified the time and risks associated with interpreting closing summaries, which varied in content, structure and quality. The variation impacts research which is done by intake workers to gather additional information which is required from assessments and cases that have been closed when accepting and documenting new reports. A lack of critical information in the closing summary hinders the ability for intake workers to make informed decisions for new reports and avoid potential risks and harm to the child or children involved. Currently, searching and reading through lengthy case documentation and summaries to identify needed information adds up to an hour per day. Outside of intake, caseworkers face similar challenges when reviewing assessments and case histories.

We recommend that OCFS convene a group of intake, assessment and permanency workers to validate the below table and discuss key information that be required in the closing summary to streamline the process and make it more efficient for back-end users. At a minimum, we believe the summary should include:

#	Template Requirement
1	Why OCFS got involved including the allegations. Short and concise but including all valid information.
2	The findings and a summary of information supporting the decision (e.g., unsubstantiated because Mom took immediate protective action, had boyfriend removed from the home and has a protection order to ensure no further contact vs. unsubstantiated because family refused to cooperate with investigation or only unsubstantiated).
3	Who the participants are including first name, last name, relationship and DOB (if learned through investigation) to ensure intake knows whether the new report has all the same players or new ones.
4	Closing recommendations.

Table 6: Key Components of a Closing Summary

Once the requirements are identified, OCFS should design a clear model for writing the closing summaries that all workers are then subsequently trained to follow when closing a case. This will not only help easily identify why the assessment or case was closed, but also more quickly and better inform the decision regarding a new report.

Overall, this will both create efficiencies in the intake process allowing intake workers to focus more time on fielding incoming reports as well as save time at the district level where some workers are spending a lot of time making very lengthy closing summaries that aren't needed for intake.

5. Further build infrastructure to have staff-led input on practice and policy changes and implementation efforts

Engagement of the workforce in solutions that impact their day to day work is essential to service delivery and meeting outcomes. Research strongly suggests that leaders who engage the workforce in multiple ways improve trust, decrease stress, and increase retention.¹

The workforce's input in creating the vision of the organization and the strategies to achieve it will forward their commitment and buy-in to change. Since staff have a direct line of access to what the work entails it is important that they play a direct role in impacting practice and policy decisions and implementation efforts. Staff across all levels and districts have an opportunity to bring unique perspectives to the table based on their roles, locations and experience. ***To have an engaged workforce, staff need to feel that they understand and are a part of creating the vision of the agency. It was consistently noted in Listening Sessions that staff want to be more involved in decisions on practice changes and roll-out of those changes.***

In addition, workers who experience a culture with authentic engagement and recognition, will demonstrate those same traits when working with clients.

To continue and, more importantly formalize the involvement of staff in key processes, OCFS should further build the infrastructure to support engaging staff in making practice and policy changes, and their implementation efforts. This environment will promote knowledge sharing between leadership and staff and allow staff to be heard and make an impact to their work. In the end, the agency will be more transparent, and a greater level of trust will be built amongst all staff levels. When staff are involved in the process, they serve as a liaison between leadership and other staff. This allows them to bring collective thoughts from staff to leadership, while also being able to relay messages to and increase excitement among peers. Having active change agents and supporters of decisions being made within the agency will increase the success of implementation and promote consistent practice in the work being done.

Examples of ways to involve staff in practice and policy changes, and implementation efforts:

- ***Commit to continue the Collaborative long-term and expand membership as needed:*** The Collaborative, or something like it, is created to provide a focused, consistent, and empowered cohort of agency staff to look at data, ask difficult questions, research promising practices, and engage in the development and implementation of recommendations to improve agency practices, performance, and outcomes. The objective of the group is to validate potential changes with agency staff, ensure strong communication around change, and to closely manage the implementation process for any recommendation on which the agency wishes to move forward.
- ***Involve staff in meetings discussing potential policy and practice changes:*** it is advantageous to have front line workers who are impacted by practice and policy changes in meetings alongside leadership where it is being discussed, to best leverage staff expertise to influence the process when considering these changes. Another jurisdiction we worked with created “Results Teams” that come together when there is a change needed in practice or an issue needs to be addressed. These are teams made of staff who come together as needed to provide input and guide direction on how changes should be implemented and the impact they will have to process and families.

¹ Glisson, C., Green, P. & Williams, M.J. (2012). Assessing the organizational social context (OSC) of child welfare systems: Implications for research and practice. *Child Abuse & Neglect*, 36(9), 621-632. <https://doi.org/10.1016/j.chiabu.2012.06.002>

- **Provide forums for staff pre- and post-implementation to see how the changes are working and impacting the work:** providing open forum sessions or surveys for staff to provide feedback will provide insight into what is working well and areas for improvements in implementing change, giving staff the opportunity to identify changes that should be eliminated or modified as they are not as effective as anticipated. This feedback also will help leadership to better understand what is working well for staff, so they can utilize similar methods in future initiatives.

6. Develop a consistent, structured, and transparent way to share updates and changes with staff

Communication and transparency from leadership and across the organization are essential in building a culture of trust, collaboration, improved morale and more engaged staff. In his study, as noted in Dr. Paul Zak's article *The Neuroscience of Trust*, it was found that only 40% of employees report they are well informed about their organization's goals and (and more importantly) strategies to achieve those goals.² This type of uncertainty leads to chronic stress of the workforce, undermines teamwork, and ultimately leads to turnover.

Our interviews and Listening Sessions with staff have validated that staff would like to be more informed on the vision of OCFS and changes within the agency to allow them to better understand and align to the mission to best perform their duties. In each of the eight Listening Sessions across Augusta, Bangor, Portland, Houlton and Ellsworth, **one of the consistent responses from staff was the need for more consistent, timely and transparent communication, and a more clearly communicated vision for the agency.**

OCFS would benefit from a more consistent and structured approach to communication about changes. By working to improve avenues of transparency, staff will feel more connected and aligned to the vision and be better positioned to succeed at achieving it. To build a transparent organization, it is important for leadership to communicate frequently and in a thoughtful manner. Ensuring communication about how initiatives and strategies within the organization are aligned with each other is critical to increasing the workforce's knowledge into practice changes that impact safety, permanence, and well-being.

There are multiple avenues by which OCFS leadership can share information with the workforce including: division-wide staff meetings; electronic newsletters or update emails; key intranet messages; videos via the agency director; and smaller team meetings. According to data from the staff survey, **forty-two (42) percent of the staff noted they would prefer to learn about (policy and practice) changes at team meetings with their supervisor.** In addition, leadership could also hold monthly roundtables that allow the workforce face-to-face time, providing a consistent venue to ask questions about strategies, issues, or major changes impacting the work. Regardless of the channel, OCFS should seek to answer the following questions for staff as information is consistently communicated about changes and/or upcoming initiatives:

- What is happening?
- When is it happening?
- How does it impact staff?
- How will staff stay in the loop?
- If/when are there trainings?
- How will it change staff process?

² <https://hbr.org/2017/01/the-neuroscience-of-trust>

- Where can staff go to find more resources or information?

Below is one simple example, a newsletter or info sheet that can be shared at team meetings, which should take



minimal effort to prepare, uses a simple design, and provides high-level and concise information. This can be done while informing staff how a policy change will impact them, where they can find additional details, and how they can have their questions addressed. Information provided through a newsletter, on the intranet, or another communication channel should be visually appealing and stored so that staff have archival access. Staff will be able to stay informed on updates, policy or practice changes, training, best practices and office happenings. Being informed and feeling more connected to leadership through communication will improve staff satisfaction and ultimately increase productivity and quality of work.

Figure 9: Sample Newsletter/Info Sheet

7. Consistently prioritize geographic case assignment

Given the geographic distance that needs to be covered by OCFS staff across districts, we recognize it is challenging to eliminate the entirety of travel time required by caseworkers to complete visits and other aspects of their work. Maine is a large and rural state that often requires miles of travel in between destinations. This fact often causes caseworkers to spend more time on travel which impedes the amount of time they can allocate to actual visits and documentation.

Data from the 2016 random moment time study (RMTS) was used to measure the amount of time caseworkers spend in the average week engaged in travel. As shown in the table below, it is evident that Districts 4, 6 and 8 experience a higher percentage of travel time per 40-hour week than other districts. This travel time includes time to travel to court hearings, judicial reviews, and court related meetings, including time to visit with children and families; most of the time is derived from travel to meet with children and families.

Weekly Avg	District 1	District 2	District 3	District 4	District 5	District 6	District 7	District 8
Percentage	5.77	5.26	6.92	8.58	3.02	8.73	4.62	8.53
Time (Hours)	2.3	2.1	2.8	3.4	1.2	3.5	1.8	3.4

Table 7: Average Driving Per District

It goes without saying that travel is required to see children and families; however, to reduce the time spent on travel, we recommend that supervisors across all districts and offices work to ensure they give high priority to geographical considerations when assigning cases. In other jurisdictions where we have seen similar struggles (in at least one office in North Carolina caseworkers routinely spent close to 20% of their time a week driving to visit with children and families, or court), reductions were seen when geography was made a (higher) priority in case assignment. Assigning cases that are closer to a caseworkers' home area or other pre-assigned cases will decrease the distance between destinations. We acknowledge that this is currently being taken into consideration by some offices and supervisors when assigning cases and is well received by staff where that is the case. It does not seem to be the same practice for every case, office and supervisor. Thoughtful consideration of travel requirements when assigning cases will allow caseworkers to reinvest hours of travel time into meaningful visits

with children and families and the proper amount of time needed to complete documentation accurately, which in turn will help others during a review or transfer of a case. This will also increase employee job satisfaction and reduce the staff burnout.

8. Designate additional notaries in each office

Through interviews and process mapping with staff across positions and districts, we noted delays associated with waiting on notaries in offices. Based on the data and our understanding of roles within OCFS, not all offices have an adequate number of “office-bound” staff, or those who are in the office regularly, to serve as notaries. For example, the District 6 Bangor office has five designated notaries across the roles of PA, APA, supervisor and caseworker, all of which may be required to travel outside of the office, be pulled into meetings, or need to address emergencies making them less available to staff. District 7, Machias office, only has one designated notary in the role of LTC specialist; this does not provide adequate coverage for times this staff member is out of the office or unavailable. Due to other workload priorities or being in the field themselves, many of the individuals designated as notaries are not always readily available when needed. Given the requirement to have documents notarized for the Court, caseworkers are often left to either travel to another destination with an available notary or experience a waiting period until a notary is available. Staff estimate that ***the process to notarize a document could take between one and eight hours depending on wait time and travel time required***, as shown below. While this is not a work stoppage, this wait time delays the overall process and prevents caseworkers from moving work more quickly toward completion.

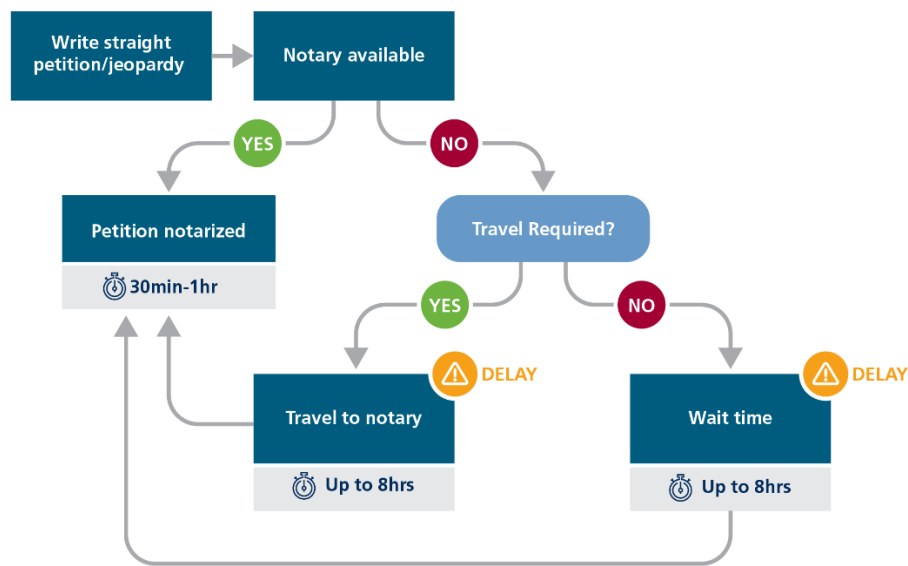


Figure 10: Notary Process Map

We recommend that OCFS identify at least one additional staff in each office who travels infrequently and whose office presence is consistent to serve as an additional notary in every office. OCFS will incur a small application and renewal fee of \$50 for each notary plus required supplies and will need to permit the notary applicant the appropriate time to complete the certification process. This will ensure that designated notaries are available in every office and that there will be proper coverage of that responsibility, thereby enhancing caseworkers' access to a notary and eliminating the wait and travel time, which in turn will allow caseworkers to focus on tasks more in line with the child's best interest.

9. Provide policy clarification and training around criminal background checks

We performed case reviews as a part of this assessment; these reviews revealed an opportunity for leadership to clarify policy documentation requirements around background checks as a part of kinship assessments. Even in kinship assessments, criminal background checks should be a priority. Children should never be placed prior to the completion of a thorough and complete background check. This is a policy requirement (V.D-7).

"If it is determined that a child is in Immediate Risk of Serious Harm, the assessment supervisor notifies the placement supervisor of the intent to file a request for a Preliminary Protection Order and gives the placement supervisor the current relative information, to allow the caseworker to begin exploring this possible placement. Potential relative resources must be explored and ruled out as a possibility before looking at other placement resources, including family foster home placements. If placement with relatives is ruled out as a possibility, then there must be sound rationale for this decision.

The newly assigned caseworker makes initial contacts with the relative resources and identified fictive kin and does an initial assessment and background check of the potential resources. The caseworker begins by having a one-on-one conversation with the potential resource, to gather names, address, dates of birth, and social security numbers. This information is used to check Child Protective history, Bureau of Motor Vehicles history, request a State Bureau of Investigation report, and to call local police and sheriff's departments to assess the background of the potential resource.

The documentation will be entered into the MACWIS narrative."

Currently, OCFS already has a system of obtaining criminal background checks through electronic methods at locations throughout the state in place, but it is imperative that caseworkers make the referral and see it through to completion. At the time a kinship assessment is performed, the criminal background check should be performed, and the results made a part of the file. This should be done when a kinship placement is being considered as an appropriate placement, whether or not it is ultimately authorized or not. It happens such that a kinship assessment may be performed months in advance of when placement of the children ultimately occurs. Having a completed assessment, inclusive of background check, streamlines the kinship placement process if it is ultimately needed. Making sure that the criminal background check is done whenever the kinship assessment is performed lets the family know that the agency is ultimately concerned about the child and the child's safety.

OCFS should work to clarify, train staff — as needed — to assure caseworkers are following policy without exception.

Implementation Considerations

We recognize that implementing all nine (9) “Quick Wins” may, in fact, mean that implementation is no longer “quick” and have provided the below matrix for consideration in prioritization. The above recommendations we detailed are categorized according to impact on staff workload and amount of effort required to implement.

9 is delineated in a separate color to indicate that it should be measured against client experience, on the same scale of low to high, instead of impact on staff workload.

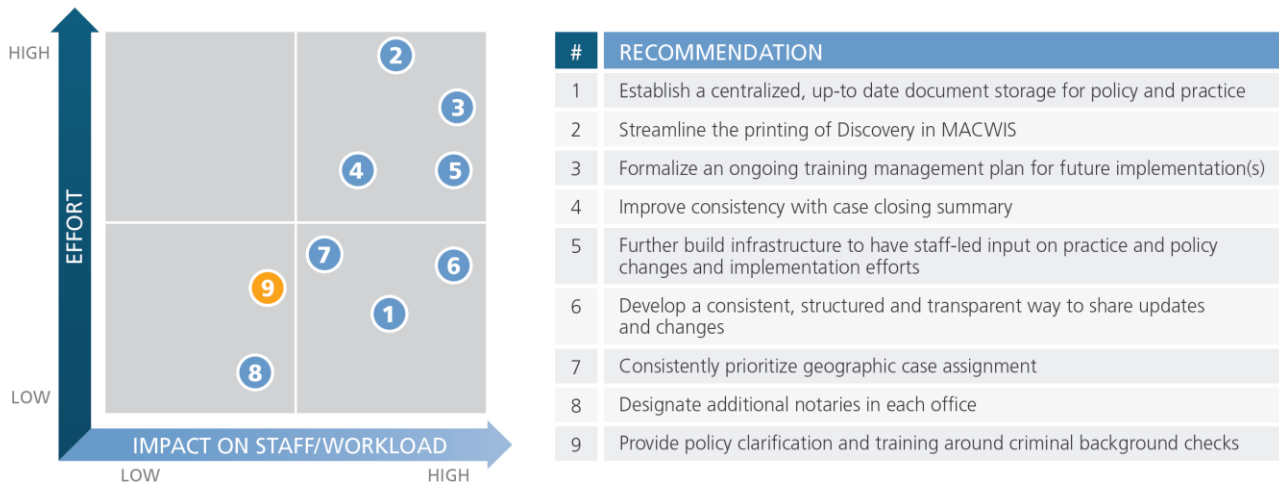


Figure 11: Implementation Matrix

Technology Gaps and Opportunities

Overview

The Technology Gap and Opportunity Analysis detailed herein will provide OCFS with:

- The approach to conducting the analysis
- Recommendations to address technology gaps identified in the analysis
- Additional information and opportunities for Maine Automated Child Welfare Information System (MACWIS) replacement

In addition, there are legislative and regulatory changes underway that are impacting the technology used by child welfare agencies nationally, including Comprehensive Child Welfare Information System (CCWIS) compliance and the Family First Prevention Services Act (FFPSA), the latter of which will impact how services will be provided, paid for, and tracked through the CCWIS system. Consideration of these implications in providing recommendations for meeting the future needs of the agency is necessary to secure federal funding and to establish a framework for meeting the new requirements related to prevention services and congregate care.

It is also worth noting there are significant strengths within the current technological infrastructure and direction of the agency that should be noted. They are described below.

MACWIS replacement. OCFS is quickly moving down the path of replacing MACWIS with a federally certified CCWIS system. This will give the state the opportunity to reimagine how technology can support child welfare practice and operations in a way that can positively impact the organization. It is desired that through the design and implementation of interoperable systems, across the spectrum of child welfare stakeholder and contributing organizations, the business value will be realized through process efficiencies, improved data quality, increased employee satisfaction (and therefore, reduction of turnover), and ultimately improved outcomes for children.

Phone system replacement. OCFS is currently in the process of procuring a new and improved phone management system for use in intake. The goal is to have this new phone system up and running by April 2019. This agency is, appropriately, procuring a robust call management system that will help more actively manage calls and provide comprehensive statistics and monitoring. The system should provide the technological framework to help support a reduction in the call drop rate.

Support systems and technologies. The agency has made strides over the years to provide caseworkers with systems and technology that aim to provide efficiencies and improve processes. This includes laptop computers for use in the field, cell phones (and smartphones for staff who go into the field), tablets (however ineffective that proved), and dictation software.

Approach

To identify technology gaps, PCG first met with staff within the various business functions of OCFS to gain an understanding of their business needs and the technology-related issues that impact their ability to provide the best service to children, families, and other agency stakeholders. Other data sources were used to inform the content of this document, including:

- Interviews with OCFS leadership and staff
- Listening sessions with field office staff from across the state
- In-person observation of day to day processes
- Review of policy and other relevant documentation
- Mapping of key processes with OCFS staff
- Data gathered from focus groups, observations, and information shared by OCFS

The key activities for conducting the analysis are as follows:

Identify Current Uses of Technology	Solicit Feedback from Users	Review Best Practices	Recommend Solutions	Document Findings
<ul style="list-style-type: none">• Meet with staff• Conduct interviews and observations of current practices• Review policy and documentation	<ul style="list-style-type: none">• Conduct listening sessions to gather feedback on technology needs• Analyze and map current business processes, including uses of technology	<ul style="list-style-type: none">• Draw on experience working with other states• Review national best practices, as well as current CWS technology landscape, including challenges and opportunities	<ul style="list-style-type: none">• Provide recommendations to address gaps, based on feedback and best practices• Acknowledge OCFS efforts to address gaps and suggest current practices that can be expanded	<ul style="list-style-type: none">• Document output of analysis• Document feedback and challenges• Document recommendations• Document additional opportunities based on current OCFS activities

Table 8: Technology Gap and Opportunity Analysis Activities

This analysis focused mainly on the systems used by OCFS CWS staff daily. The most prominent of these is MACWIS, the case management system used by OCFS to maintain electronic records of all Child Protective Services activities for the children and families it services and support the programmatic activities of the child welfare system. Concerns voiced by staff largely revolved around the need to access multiple systems to gather or generate information to populate MACWIS and the actual hardware components provided to staff to complete their work, both in the office and in the field. Another system of focus in this analysis is the phone system used by the intake hotline staff.

Recommendations

This memo includes recommendations on how OCFS can integrate the anticipated new call center solution into its current operations, rather than ways to improve the current system.

#	Recommendations
10	Make minor changes to MACWIS to increase efficiency
11	Work with OIT to ensure efficient operation of hardware and software, and flexibility to support future solutions
12	Provide staff with updated transcription options
13	Implement a mobile “front end” that connects to MACWIS
14	Move toward use of an electronic document management solution
15	Ensure successful procurement and implementation of new call center system
16	Explore ability to utilize electronic signatures for clients and courts
17	Create an internal dashboard, with potential for external release in the future
18	Undertake key steps to successfully procure and implement a MACWIS replacement

Table 9: Technology Recommendations

10. Make minor changes to MACWIS to increase efficiency

OCFS is in the process of seeking a replacement for MACWIS; that process is addressed elsewhere in this document. However, our extensive experience has shown that the procurement and implementation process for a new CCWIS-compliant system can take several years. During that time, OCFS staff will still be reliant on MACWIS. Discussions with OCFS clarified that while MACWIS can be updated as frequently as once per month, making changes to the system can be expensive. Even seemingly minor changes can cost thousands of dollars to implement and can vary greatly based on the nature of the change. While costs are not budgeted by individual change, there is an annual project budget that includes these adjustments. Despite the potential costs in terms of time and funding, PCG has identified **five smaller-scale activities that OCFS can undertake to both improve efficiency for users in the short-term while helping prepare for the implementation of a potential MACWIS replacement.**

Process mapping demonstrated several instances where information that was captured outside of MACWIS, either over the phone or in person, was then entered into MACWIS separately. Figure 12, below, illustrates a component of the intake process, where a caseworker gathers information from a caller to the hotline and enters the report. This process requires caseworkers to enter duplicative data into multiple sources, including Microsoft Word templates and MACWIS.

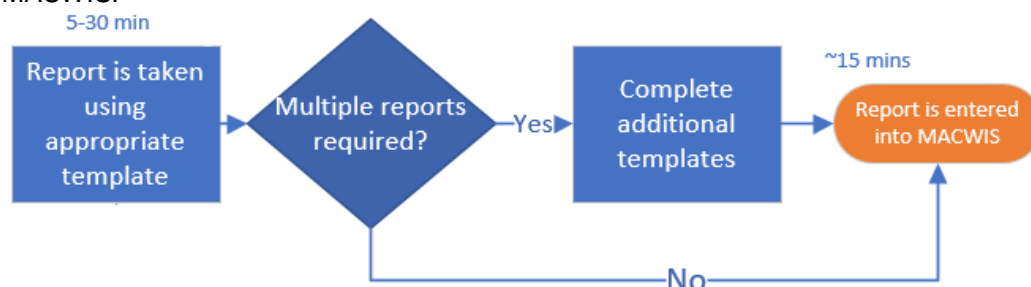


Figure 12: Component of Intake Process – Collecting Information and Entering it into MACWIS Requires Double-entry of Data

While these calls generally average about 8-9 minutes, based on data from OCFS, they can range up to 20-30 minutes for a detailed report or a complex situation. The caseworker may need to complete multiple Microsoft Word templates depending on the situation (e.g., the call involves two separate families or cases, requiring multiple reports to be completed). Once the information has been collected and the call has been ended, the caseworker must then go back and copy or retype the information into the proper windows in MACWIS. Based on PCG's observations and discussions with caseworkers, this can take up to another 15 minutes to complete. The need to capture information and then reorganize it for entry in another system means that even caseworkers who can "type and talk" as they take calls will need a significant amount of "wrap up" time, resulting in fewer calls that can be answered.

As part of the intake process, caseworkers also need to access several systems in screening allegations, outside of MACWIS, to gather or verify information about a family. The OCFS Policy Guide states that, "additional sources of information include the following: (1) previous MACWIS reports or entries, and (2) information relevant to complete the report decision from related databases such as ACES, BMV (Bureau of Motor Vehicles), SBI (criminal history), and SOR (sex offender registry)," meaning that at least 4 separate systems, not linked to MACWIS, may need to be reviewed prior to making a screening decision. The Structured Decision-Making tool (SDM) must also be completed. While that does not take a long time, since the information required is already being collected via the template in most cases, the result does need to be documented separately in MACWIS.

With the above practice considerations in mind, some potential solutions to improve efficiency include the following:

- **Determine whether it is most efficient to move intake templates into MACWIS** – it is not clear at this time whether Word templates are being used because it is not possible to create these templates in MACWIS, or because staff prefer to use Word instead of MACWIS. As part of the larger business process review, PCG is recommending that OCFS explore entering data directly into MACWIS rather than Word templates. Creating templates in MACWIS that mirror the Microsoft Word templates currently in use would allow intake caseworkers to enter information directly into MACWIS as they receive it. Based on observation alone, entering data directly into MACWIS and forgoing the Word templates could save caseworkers, conservatively, 5-10 minutes per call.
- **Create templates that mirror the current MACWIS data entry flow more closely** – if Word templates are retained, or there are significant time or financial barriers to direct-entry into MACWIS, OCFS should redevelop the templates currently in use into something that follows the current MACWIS data entry flow more closely. Redeveloping the templates will not provide as much time savings as direct entry to MACWIS, since data will still need to be re-entered, but it will make that data entry quicker, more accurate and — most importantly — ensure critical pieces of the intake interview are not missed. More detail can be found in **Recommendation 27**.
- **Determine where other duplications of entry take place** – our initial analysis did not allow for a full review of all the areas or steps where information must be entered into MACWIS multiple times or entered in one or more systems in addition to MACWIS. It is worth noting that the generic issue of duplicate entry was raised more than a dozen times in the listening sessions that PCG conducted with OCFS caseworkers and supervisors, and our observations of staff indicate that this is a more widespread issue. As we move further into this engagement, OCFS could benefit from a more complete identification of where the issue of duplication occurs to determine if there could be additional potential improvements to MACWIS.
- **Explore other ways to enhance MACWIS while preparing for implementation of the replacement** – dovetailing on the in-depth review of system entry proposed above, there are short-term activities that OCFS can pursue that would both improve the user experience with the current system while also helping to prepare for the implementation of the new system, expected to be procured soon. Some of these activities include:

- *Review and update data standards and data governance program* – data quality is a significant component of the new CCWIS regulations. OCFS does not need to wait until a new solution has been procured to create a team to clarify and update data standards and data governance plans to prepare for the MACWIS replacement. Clear data standards and data governance can also benefit users of the current system to ensure that the proper data is being collected and that data quality standards are high.
- *Create a governance team to manage changes* – any short-term changes to MACWIS should be made within the context of its impending replacement. A governance team can include a change management team as well and should make decisions around things that need to be updated in MACWIS from a functionality standpoint and have oversight over the work being done to prepare for the implementation of the replacement system. The data governance team can report into this group but will likely end up being part of the larger steering committee for the implementation project. The governance team plays a key role in ensuring that the decisions about the current system and its replacement are not siloed.
- *Evaluate ability to leverage solutions already in use by the state* – other Department of Health and Human Services (DHHS) agencies, such as the Office for Family Independence (OFI), have document management systems and are able to utilize scanned documents and reduce reliance on paper and manual filing. Expanding the use of this system to include OCFS could have a significant impact on staff efficiency at a lower cost than the procurement of a separate, OCFS-focused system, addressing such issues as the discovery process (printing) identified in the Quick Wins memo. The Administration for Children and Families (ACF) and Center for Medicare and Medicaid Services (CMS) have encouraged states to leverage technology investments across agencies and programs, and OCFS should work with the Office of Information Technology (OIT) to determine whether there are other enterprise systems or assets that could support the work of the CWS. Examples of other assets could include a master provider index, a master client index, web services, and financial and/or provider management tools.

11. Work with OIT to ensure efficient operation of hardware and software, and flexibility to support future solutions

OCFS staff are issued hardware that meets the minimum standards necessary to run the software that is required to complete their duties, but **many staff report that their computers and other hardware are unreliable**. There is concern that hardware failures and software crashes, which are reported to happen frequently, are related, and result in lost work or duplication of effort. In instances where data is lost, this can compromise the safety and well-being of the children being served and put the agency at risk.

Information Technology hardware for OCFS staff is obtained through an arrangement with the state's Office of Information Technology (OIT). OIT's policy is to ensure that this hardware meets the minimum standards for the software being used. Technical specifications for laptops currently being provided by OIT call for, at a minimum, an Intel Core i5 processor and 4GB of RAM.³ This exceeds the minimum requirements for Windows 10 and Microsoft Office, and, for now, is likely to meet the minimum requirements of many CCWIS solutions. It is possible that there are staff using laptops with a less robust configuration, because OIT is also required to conform to a

³ <https://www.maine.gov/oit/services/catalog/client-tech/workstations.html>

legislative mandate requiring the desktop/laptop fleet be utilized to an average lifecycle of 60 months, or 5 years.⁴ It should be noted that OIT does not employ a 5-year replacement schedule, but rather expects that equipment will last a minimum of 5 years. Equipment that fails during that time period will be evaluated and may be replaced, likely with used hardware. **Best practices generally call for hardware replacement policies ranging between 3 and 4 years, with some practices calling for a replacement in as few as 2 years.**^{5,6}

Simply meeting the minimum requirements may not result in optimal performance. While not required, upgraded hardware will likely result in improved performance for any software application. **OCFS should work with OIT to make exceptions to the current 5-year expected lifecycle of equipment (and look at shortening that schedule, long-term) for any hardware older than 3 years that exhibits chronic issues that lead to duplication of effort or lost work, such as software crashes.** This will ensure that staff who rely on laptops and other hardware to capture information in the field are not using components near the very end of their projected lifespan.

Furthermore, work should begin now to determine what changes may need to be made to the hardware currently in use to support planned upgrades, including the intake call center (which may require tablets for supervisors) and the MACWIS replacement system, which may have higher minimum requirements than the current system. Outfitting all caseworkers with upgraded equipment will take time and training. Planning for those changes should begin as soon as requirements for these new systems have been identified.

12. Provide staff with updated transcription options

OCFS staff who work in the field capture a tremendous amount of information day-to-day, and certainly on a weekly basis. A single case may involve interviews with multiple parents, children, and other involved parties, often on a tight timeline. Even follow up visits must be documented clearly and completely. Caseworkers that indicated that there are two ways that they handle documenting their contacts:

1. Some record interviews and go back and transcribe them later
2. Others bring their laptops and try to type while conducting the interview

Those who transcribe later spend a considerable amount of time on the combination of the interview (which may take an hour or more) and subsequent transcription (although transcription time varies based on typing speed). If transcription isn't done almost immediately, a mental refresher is often needed. Those who type as they go indicated they feel as though they are not fully present for the interview itself. OCFS has provided staff with Dragon speech recognition software. Most of those with whom we spoke found it to be inaccurate, not much of a timesaver once the need to go back and address mistakes was factored in, and therefore not useful.

Even more importantly, however, there are also other ways that the need for staff to transcribe can be minimized or eliminated. The below table details just a sampling of products that are currently on the market.

Option	Example	Places Used	Description
Front-end mobile solution	Diona	Arizona, New York City, Minnesota, North Carolina counties	Some mobile front-end solutions include speech to text functions that fully record the audio and provide text files that are integrated with the case record. This type of solution could provide nearly instant transcriptions of interviews as well as digital recordings made using a phone or tablet.

⁴ Ibid

⁵ <https://www.cio.com/article/2928183/desktop-hardware/what-is-its-strategy-for-replacing-laptops.html>

⁶ https://i.crn.com/sites/default/files/ckfinderimages/userfiles/images/crn/custom/INTELBCCSITENEW/WhitePaper_EnterpriseRefresh.pdf

Option	Example	Places Used	Description
Call center focused speech-to-text	CallMiner's Eureka	TBD	This kind of software creates a written transcript of calls which shortens call aggregate time and reduces the amount of after-call work for caseworkers to perform. There are several other advanced capabilities that this or a similar system can bring to OCFS, allowing supervisors to more easily monitor the performance of intake staff while also allowing the agency to gather information about client interactions that may not come through in case narratives.
Transcription service	Speakwrite	North Carolina counties, Oregon, Texas	With a transcription service, caseworkers can dictate notes or record an interview via a phone app or a dictation hotline. Within a few hours, the information captured is transcribed into a document and returned.

Table 10: Transcription Options

Regardless of what OCFS chooses, transcription technology has improved significantly in recent years. Therefore, we recommend that **OCFS reevaluate the transcription products available on the market**, test one or more of them with a small group of staff and determine whether the current breed of transcription software is more accurate or better suited for this application than the Dragon software. In addition to reducing time in transcribing, all the system examples above, and others like them, also serve as excellent tools in training new workers, significantly reducing the ramp-up time.

13. Implement a mobile “front end” that connects to MACWIS

The geography of Maine makes reliance on mobile technology difficult in some places and nearly impossible in others. Staff from more remote parts of the state reported that neither cell service nor wireless internet is available (a fact confirmed by coverage maps from all major cell service providers). A prior attempt by the state to outfit staff in those regions with satellite phones was unsuccessful. There have been previous attempts to allow staff to access MACWIS remotely, but the bandwidth required to run that system is such that a very strong Wi-Fi signal would be required, something that is not generated by mobile hotspot technology. Therefore, caseworkers must gather information manually and return to the office to enter their documentation into the system, thus removing the option of caseworkers to enter information into the system as it is gathered. **Time delays associated with this process impact data quality and timeliness, caseloads, and general worker satisfaction.**

Several software providers have developed mobile systems of engagement that interface with older legacy systems, such as MACWIS. These solutions are platform agnostic, eliminating compatibility concerns. They provide an upgraded user experience without the need to replace the entire existing system and can be utilized on tablets, reducing the need for staff to bring laptops into the field. These products can also be used offline, allowing caseworkers to collect data on site and then transmit information back to the central system once connected to the internet again. This is ideal for areas with limited cellular connections. One product with which PCG has experience during client work, Diona, allows for offline data entry, as well as for the integration of assessment tools such as SDM, reducing the need to access multiple systems. This system, and some others available in the marketplace, have invested significantly in research and development with the child welfare community and have caseworkers on staff who have helped develop products, taking into account the field and client perspectives. Mobility tools often have an immediate impact on improving data quality, as data is entered timelier and at the point of origination.

A “front-end” mobile solution can serve as a bridge between MACWIS and a potential replacement system.

Following the lead of other states including Arizona and Virginia, OCFS could adopt one of these systems to build a bridge between MACWIS and a potential replacement system. The benefits of adopting one of these systems include:

- A more straight-forward, mobile-tailored user interface
- The ability to pre-populate information from the legacy system when appropriate
- The ability to operate in the field without a connection to the internet, so that workers don't need to wait until they return to the office to re-enter information

As noted above in **Recommendation 12**, some mobile solutions also include a speech to text function, which would further reduce the need for caseworkers to spend time on data entry after an interview or home visit. More time in the field is more quality time supporting children and families, while reducing the administrative burden on the caseworkers. Commercial-off-the-shelf mobile solutions can be implemented as quickly as four months, making this a quicker win for many agencies who are looking to address issues in the field, and gain staff buy-in for future change.

Whichever solution that OCFS considers, it should serve as a bridge between the current and replacement systems. That is, it must be scalable and adaptable to the MACWIS replacement so that staff can have a seamless transition to the new solution. Minimizing impacts of change will improve acceptance and sustainability of the new technologies. In addition, this is a great time to initiate an organizational change management practice and nurture champions across the agency. These “champions of change” can help the agency to capitalize on this quick win, and the expected improvements in the user experience, and to help staff see the benefits of the longer, larger-scale change that will be necessary to implement a MACWIS replacement system.

14. Move toward use of an electronic document management solution



Figure 13: Example of Case File Storage in a Local Office

OCFS is heavily reliant on paper documents. In some offices, there is little in the way of a physical document management system, leading to boxes placed wherever there is space and making it difficult and time consuming to track down paper files when needed. In addition, files may be transferred between caseworkers multiple times, leading to the potential for lost or damaged records each time a physical file changes hands. Some offices have worked to address these concerns by creating transfer packets, physical file folders that contain hard copies of all the most important documents; however, this only adds to the amount of paper in circulation. The intense paper-based environment presents data security concerns and increases risk to the agency, including:

- Presenting a tripping hazard in some locations
- Having files unsecured and potentially unaccounted
- Possibly provoking Federally applied penalties
- Compromising organizational credibility and reputation

When all data resides in a secured database, it is within the control of the organization to manage it. When paper documents are spread across the offices, cars, and homes of caseworkers,

the probability of that data being compromised increases significantly. With proper architecture and management, electronic data storage is far more secure than paper; in general, it is less costly as well.⁷

Therefore, we recommend OCFS undertake the following series of steps to eliminate or greatly reduce the use of paper where possible.

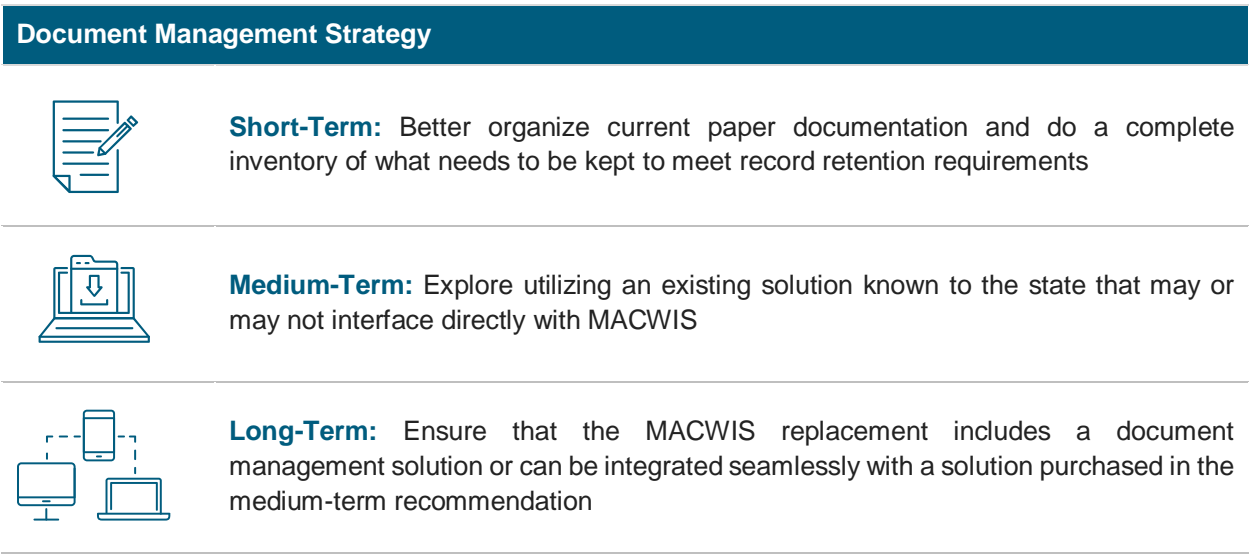


Figure 14: Document Management Plan (By Phase)

More specifically, in the short-term, OCFS should dedicate some staff time to organizing the current paper file system. At a minimum, this should include designating a central location for shared files in each office and ensuring that a consistent filing system is established and implemented, taking into account all relevant record retention requirements. This will reduce the time spent searching for paper files, ensure record retention requirements are being met, and communicate to staff that the matter is being addressed. Following industry standard best practices and security guidelines, paper files should be in a secure location with managed access to the files.

In the medium-term, OCFS should explore any opportunities to leverage document management systems that may already be in use in other state agencies. In addition to reducing costs and implementation time, this would allow access to a group of established peer users of the system who can assist with training and implementation. This solution need not interface directly with MACWIS but should be flexible enough to connect with the MACWIS replacement system, if needed. In addition, moving from medium-term to long-term, OCFS should explore additional opportunities for document management including continued off-site storage combined with on-demand scanning or back-scanning of materials with a long or infinite retention schedule.

The long-term solution is integrating a document management solution into the MACWIS replacement system. This system could be a component of the new system, or an additional system that is paired with the MACWIS replacement (potentially carried over from the medium-term solution). The best solution for OCFS

Barcoding documents, as part of a document management solution, can help streamline document scanning and indexing, removing the need for this work to be done manually.

⁷ <https://www.datastorageinc.com/blog/paper-records-vs.-electronic-records-the-great-debate>

could include a combination of methods; several counties in North Carolina have moved away from paper altogether through a combination of scanning and off-site storage, allowing them to retrieve scans of off-site files while having forms built into a case management system and/or imaging all new files that come in. Addressing document management needs in tandem with the MACWIS replacement will ensure that document management is integrated into the planning process for the new system as closely as possible.

The benefits of a well-integrated document management system include quicker and easier case tracking, fewer requests for clients to supply information, enhanced data security and quality, and the ability to more easily transfer cases (and manage workloads) across offices and business units. As OCFS moves along the continuum of document strategy options, the agency should look for ways to reduce the reliance on paper and the manual completion and delivery of documents at every step along the way, to most fully take advantage of the benefits of improved document management.

15. Ensure successful procurement and implementation of new call center system

Operating a dedicated centralized telephone intake hotline for child welfare intake reporting is considered a best practice, one utilized by many states including Texas, New Jersey, Virginia, many counties across North Carolina, and Colorado. **In a study presented by Casey Family Programs, nearly all the states with centralized hotlines reported that consistency, accuracy, and efficiency were key benefits to the centralization of their process.** Centralized hotline systems also give caseworkers the ability to dedicate more of their time to the quality of the work and being available to serve clients in the field.⁸

OCFS is currently operating a centralized intake hotline, but the phone system in use dates back several decades and does not allow for tracking the information needed to effectively manage a call center setting, which is essentially what the centralized intake hotline is. The current phone system, which has been tabbed for replacement, has very little in the way of call center management functionality. Supervisors are not able to track much more than the amount of time staff are on the phone and the wait time of the caller. OCFS has begun the process to procure a fully integrated call center technology system to better manage the intake hotline. This system is expected to help the department dramatically increase the number of calls that are answered and reduce dropped and abandoned calls as well as voicemail messages that require multiple calls to resolve.

The proposed replacement for the current intake hotline phone system is expected to include many more features of a traditional call center, allowing supervisors greater ability to understand and manage staff time and activities in real-time, rather than relying on reporting after the fact. In addition, enhanced call tracking ability will help OCFS to understand the true nature of abandoned calls. In some cases, it may be that repeat callers simply hang up and redial when they do not reach a live person but end up being counted as abandoned calls. **Improved tracking within a replacement system will help pinpoint where additional staff resources should be placed to meet the goals for answering incoming calls.**

While OCFS has set an ambitious target of about 4 months to stand up the new system from the time of procurement, PCG's experience indicates that this is feasible if staff training is completed and any business process changes have been developed and are ready for implementation. There are some things that OCFS

⁸ Casey Family Programs. "What are the elements of an effective hotline system?", https://caseyfamilypro-wpengine.netdna-ssl.com/media/SC_Elements-of-an-effective-hotline-system_12.21.17_cm.pdf.

should consider during the procurement and implementation process to ensure that implementation is as effective as possible:

Provide change management activities to prepare staff – the addition of new call center tools can change the nature of the job responsibilities and expectations for current intake hotline staff. Staff view themselves as caseworkers and may feel that they have been shifted to a call center-type position depending on how vigorously these new call center features are employed. Other CWS staff are subject to the same kind of data-driven, over-the-shoulder supervision, so it is important to communicate that the implementation of this new system is tied to the need to live-answer more calls and reduce the overall risk to children. Intake staff will need to embrace their unique role within OCFS as the front door for child welfare concerns from the community; managers and supervisors can use the data that will be available to them to challenge staff and drive a new focus on the reduction of “lost” calls. The emphasis must be on getting to as many reports as possible, in a way that promotes efficient use of staff time and a thorough approach to gathering necessary information, because an unanswered call is a potential child in danger who is not being helped. During and prior to the implementation process, OCFS leadership should look to include the following activities in the implementation planning process:

- *Identify current strengths and gaps* that may impact the organization's readiness and capacity to implement change. This includes scanning for risks that may endanger a successful launch, such as lack of trust between staff and leadership, operational capacity, and unclear messaging.
- *Steer change* by communicating the vision both inside and outside the organization; setting expectations, such as a reduced rate of dropped or missed calls; generating buy-in; empowering employees to make decisions, take ownership, and do their best work; providing training, support and coaching to staff before, during and after the change; responding to challenges and resistance in a constructive way; and enabling staff to “stumble forward,” embracing mistakes and learning from them.
- *Communicate change* by developing a strategy for how, when, and to whom information should be communicated. The newsletter proposed in the Quick Wins memo is one option for communication across the agency, but OCFS should consider a more targeted form of communication for the team implementing the call center system.
- *Accomplish quick wins and celebrate successes early and often* to generate buy-in and enthusiasm while showcasing tangible results.
- *Take an iterative, phased approach*, whenever possible. Ideally, change should be released in manageable, bite-size pieces, then field-tested, monitored, and refined using the Plan-Do-Check-Act model (Figure 15). Staff and management must remain flexible throughout the process. Call center features that work in other environments may not provide the desired results in this application, and an iterative approach will help OCFS adjust as needed if that is the case.
- *Document procedures* to remove ambiguity and encourage consistent communications and operations. Standard operating procedures should include clearly defined roles and responsibilities, easy to follow checklists and tools, a transparent process for updates and improvements to the procedures, and risks and mitigation steps that can increase the likelihood of success.



Figure 15: Plan-Do-Check-Act Model

Ensure comprehensive training on and utilization of new features – similarly, it is important that there be a significant amount of training and that it be ongoing. OCFS should consider employing coaching techniques,

which can help staff take ownership of their work, steer their development and be part of the change process. Both staff and supervisors will need to be comfortable with the new system well before it goes live. Training must continue over the first several months of implementation, at least. With implementation planned for the Spring of 2019, **communication about the new system (including features, design-looks, timeframes, and opportunities for input) should begin as soon as a new vendor and system has been identified.** Training should not just focus on the “what” but also the “why” – that is, the ways that these new features can help intake hotline staff do their jobs better and provide a higher level of service to children and families. Connecting the new features to expected outcomes will help improve adoption of these features by staff.

Fully capture and understand baseline data – the first several months of the new system should be devoted to fleshing out a complete picture of the number, frequency (by at least half hour), and types of calls that the hotline receives. Measurements such as abandonment rate, calls per day per caseworker, average speed to answer, and average call handle time should all be applied at individual and hotline-wide levels. Other data points that could be helpful to OCFS in monitoring and adjusting staffing and workload during this period include:

- **Occupancy Rate.** This rate is the percentage of time that caseworkers are performing work-related duties. It is calculated by subtracting idle time from totaling call handling and after call work time and dividing it by total time logged into the system. Occupancy rates are inversely proportional to service level and high occupancy rates indicate that staff are less available to field calls, callers wait longer, and service level declines. Low occupancy rates indicate that staff are more available to field calls, calls are answered sooner, and service level increases.
- **Staff Utilization.** Utilization is a metric that compares the time a caseworker is in an active call state (on a call, after call wrap-up or waiting for a call) versus the total time logged into the system. Higher utilization rates are directly correlated to staff being in their seats and available to take phone calls.
- **Average Handle Time (AHT).** This metric consists of talk time plus after-call work (wrap-up time), and is a factor used in determining overall workload and staffing requirements. The longer staff are on a phone call and conducting after-call work, the less time they are available to take another call. Average handle times vary greatly depending upon the type of call received.

While OCFS is tracking some of this information at the hotline-wide level, such as abandonment rate, average speed to answer, and average handle time, the new system will allow for enhanced tracking of these metrics at the individual level. Individual-level data on these metrics will help supervisors to understand where there are performance issues and will provide them with a more complete picture of the performance of each team member.

In addition, data should be collected on how many calls are duplicates, how many come from law enforcement, medical professionals, or other external partners, or are transfers to casework staff, and when these calls come in and how they are dispatched. The data can determine how to employ staffing resources and whether there are other call center features that should be added, such as creating additional queues that callers can select (relating to emergency status or the urgency of the call) or implementing a call-back or “hold my place” feature, which would allow a caseworker to return the call when the caller’s place in line comes up, rather than requiring a caller to remain on hold.

Provide consistency in reporting functionality – any new call center system that OCFS chooses will likely have more robust reporting capabilities than the current system. To make the most of these capabilities, a Standard Operating Procedure (SOP) guide should be created that can be used by anyone to describe the different reports and dashboards the system can produce and how OCFS defines certain measures produced from said dashboards. This SOP document should also guide users on how to read the data properly based on what the dashboards and reports produce. Similarly, intake hotline caseworkers should have access to

data that is relevant to their work as well so that they can measure themselves in between check-ins with their supervisors.

16. Explore ability to utilize electronic signatures for clients and courts

As caseworkers conduct assessments, there are several points where documents must be signed by parents, medical providers, and even judges. This often requires OCFS staff to track down the person in question and have them sign a paper form, leading to lots of driving and time spent doing what is essentially an administrative task. Discussions with staff around the Preliminary Protection Order (PPO) process suggest that even during business hours, bringing a notarized petition to court for a judge's signature could take 1-3 hours, including travel time. This could take even longer during non-business hours. Once an on-call judge is located, the caseworker must travel to that judge's current location, which may be outside of his or her county or district, to complete the process.

OCFS should explore the use of electronic signatures for clients and courts, wherever possible, to help reduce the administrative burden on staff and allow for greater focus on client-related activities. There are a number of software packages that facilitate the use of electronic signatures (DocuSign is one example), but OCFS should look to incorporate electronic signatures into their existing systems if possible. E-mail encryption reads receipts for messages that have been sent to clients, and push notifications notifying clients that a document is ready for signature are all tools that can assist with the usability and security of an electronic signature system.

Electronic signatures are viewed as a best practice that reduce the time and effort spent gathering signatures on releases and other documentation. In the United States, the Uniform Electronic Transactions Act (UETA) of 1999 and the Electronic Signatures in Global and National Commerce Act (ESIGN) of 2000 provides the validity and enforceability of electronic signatures. All 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands have enacted state laws validating electronic signatures, with all but 3 adopting the UETA. Illinois, New York, and Washington have not adopted the UETA, but have similar statutes validating electronic transactions.⁹ Both Acts have four (4) basic requirements for the signature to be recognized as valid under U.S. law:¹⁰

1. Intent – electronic signatures are only valid if each party intended to sign
2. Consent – all parties must consent (agree) to complete applicable business processes electronically
3. Association of signature with the record – the system used to capture the transaction must keep an associated record that reflects the process by which the signature was created or generate a textual or graphic statement (which is added to the signed record) proving that it was executed with an electronic signature
4. Record retention – electronic signature records must be capable of retention and accurate reproduction for reference by all parties or persons entitled to retain the contract or record

The ESIGN Act allows for the same legal status as handwritten signatures within the U.S. **This means any law with a requirement for a signature can be satisfied with an electronic signature.** Further, this ACT allows electronically executed agreements to be presented as evidence in court and prevents the denial of validity or enforceability of an electronically signed document solely because it is in an electronic form.¹¹

⁹ UETA & ESIGN Overview. <https://www.getsigneasy.com/esign-act/>

¹⁰ UETA and ESIGN Requirements. <https://www.docusign.com/learn/us-electronic-signature-laws-and-history>

¹¹ Guide to Electronic Signatures. <https://acrobat.adobe.com/content/dam/doc-cloud/en/pdfs/adobe-sign-us-guide-e-signatures-wp-ue.pdf>

More specifically, ACF clarified its position on the use of electronic signatures when responding to a question about the use of electronic signatures on applications for IV-D services. The Office of Child Support Enforcement (OCSE) was asked if there is a Federal prohibition against State IV-D agencies accepting electronic signatures on online applications for IV-D services. OCSE stated that there was no Federal prohibition against State IV-D agencies accepting electronic signatures on applications for IV-D services; however, States must determine if this practice is allowable under State law.¹² A number of states, including Arizona, Florida, and Massachusetts, and other jurisdictions, including Buncombe County, NC, are utilizing electronic signatures within their child welfare business processes, for components such as family assessments and action plans. Maine has had a digital signature act in place since 1999.¹³ OCFS should confirm that there are no exceptions pertaining to child welfare information prior to moving forward. Many states have also moved to allow electronic notarization of documents, with some utilizing web cameras or other technology to conduct notarizations remotely, but that would require a change in Maine law to implement.

In addition, OCFS should ensure that any potential MACWIS replacement system, as well as any mobile solution and document management system it decides to pursue, has electronic signature capability or can accommodate it. A mobile solution should also include the ability to include the GPS code for a signature location, which can help OCFS confirm when and where a visit took place.

17. Create an internal dashboard, with potential for external release in the future

OCFS is tracking, or has the capacity to track, many different data points that can be used to help manage workloads, identify challenges, and determine whether the agency's work is achieving its intended outcomes. Timelines around determining intake reports to be appropriate or inappropriate, beginning assessments within 24 or 72-hours, and completing assessment activities within 35 days, as well as analysis of the determinations made during each of these activities, and any trends that may be forming, can be difficult to track when these data points are presented independently from each other. Even regular updates from leadership are not always enough to convey a clear notion of what is happening with the work of the agency, leaving managers, supervisors and their teams to rely on outdated, or worse, anecdotal information about how, for example, policy changes are impacting caseloads. In addition, while OCFS has worked hard to create a data-driven culture at the top levels of leadership, this culture does not always extend to staff and line supervisors and provide the support needed to improve practice outcomes and the casework level.

As one step to continue improving the culture around data, ***we recommend OCFS create a centralized, regularly updated internal dashboard featuring the key metrics that leadership and staff can use to determine performance trends.*** This will help increase transparency for staff around perceived changes in caseload or outcomes, provide an internal progress report for OCFS staff, track historical performance and accomplishments, and highlight problem areas that require further investigation. Publishing this data regularly will provide a touchstone for supervisors to use when discussing issues with their teams as well as individual staff, allowing them to compare their performance to that of their peers, as opposed to standards that can feel arbitrary or externally imposed.

As part of this project, PCG has collected and analyzed a significant amount of data. Our team has already begun thinking about which of these data points could be included in an internal dashboard for OCFS. OCFS could build upon this work to develop its own dashboard system. Certainly, this feature should be included in any MACWIS

¹² OCSE - Policy Interpretation. <https://www.acf.hhs.gov/css/resource/use-of-electronic-signatures-on-applications-for-iv-d-services>

¹³ <http://legislature.maine.gov/statutes/10/title10ch1053sec0.html>

replacement solution. It is important, too, that the dashboard be easily accessible to staff. Ideally, it should be hosted on an intranet site or other location that staff are likely to access frequently. The example in the figure below, was developed by PCG staff when they worked for the child welfare agency in Buncombe County, NC.

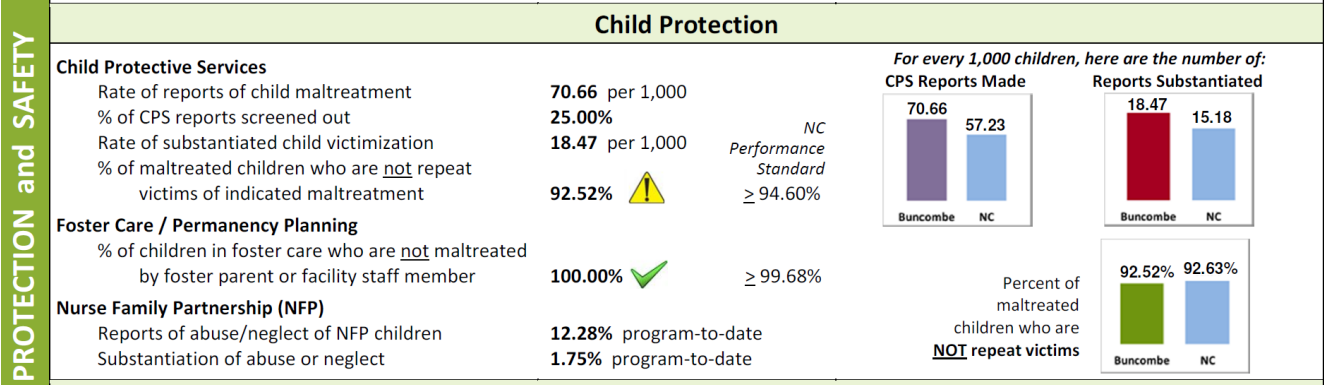


Figure 16: Example of Dashboard for Child Welfare Agency in Buncombe County, NC

This example reflects the kinds of high-level data points that could be included, and the simple, clear design that a dashboard should have.

Finally, OCFS should strongly consider making the dashboard available to external partners, and possibly even the general public, after a period of time. Several other states, including New Jersey, Pennsylvania, Minnesota, Wisconsin, and Florida (Figure 17, below), make child welfare dashboards available on their public-facing websites. These dashboards feature varying levels of depth, but each can provide a snapshot of the current state of the system. OCFS is often in the public eye in times of tragedy. Providing an external scorecard can help convey a more positive message about the good work that goes on each day, and about the progress the agency is making in ensuring that children in Maine are living in safe, permanent and stable environments that support their well-being.



Figure 17: Public-facing Dashboard from the Florida Department of Children and Families

18. Undertake key steps to successfully procure and implement a MACWIS replacement

OCFS is currently undergoing the process of replacing MACWIS with a federally certified CCWIS system. The first step in achieving this goal is performing the due diligence of defining what is needed with a recommendation and roadmap for the immediate path forward. The business process review (BPR) and technology gap and opportunity analysis that PCG is conducting will support OCFS in building a business case to secure buy-in from federal partners. Moreover, this moves the organization toward procuring a CCWIS-compliant solution to gain the advantage of leading technology capabilities to improve data, enhance the efficiency and effectiveness of the child welfare program practices, and ultimately improve the outcomes for the children and families served by OCFS.

Preparing to both sunset a legacy system and implement a robust CCWIS system is not easy. OCFS should consider the following prior to procuring a replacement for MACWIS:

1. **Funding** – any option for implementing a statewide child welfare system will require substantial state and federal funding, which means OCFS will need to justify a budget for the project. As such, it will be necessary to develop plans to maximize both state and federal funding opportunities when developing a technology solution. It is PCG's understanding that OCFS has not yet determined its budget for the MACWIS replacement. Finalizing funding for a program is important. If the funding isn't in place, it is not likely the program will meet anticipated goals or be completed to the satisfaction of stakeholders. Financial planning needs to happen not only at the state level, but also at the federal. At the state level, state sponsors are important in supporting the effort to secure state funds for the program and working with the budget committee to get funding approved. On the federal level, an Implementation Advance Planning Document (IAPD) needs to be submitted to show the program is in alignment with CCWIS recommendations and to formally request federal funding to support the program. Once the funding is secured, Advance Planning Document (APD) updates will need to be submitted to keep the federal stakeholders up to date in the program's progression.
2. **Business Process Redesign** – in the original Notice of Proposed Rule Making (NPRM) the Administration for Children and Families encouraged states to rethink business processes, data trading, and the stakeholders involved in the spectrum of child welfare services. As OCFS embarks on procuring and designing a replacement for MACWIS, we strongly recommend taking the time to evaluate the stakeholder involvement within and outside of the agency, the methods by which the agency engages with children and families, and the processes currently in place. Building a newer version of what already exists will not allow OCFS to reap the benefits of modern technology solutions to improve the organization. Understanding the art of the possible can enhance the caseworker experience and provide a fresh perspective on the agency's work. This goes beyond just efficiency and into engagement and inclusion.
3. **Choosing the right solution for OCFS** – the first step in achieving this goal is to thoroughly evaluate the available alternatives against a defined set of requirements to determine the most viable solutions. Given the lack of prescriptive requirements for CCWIS, there is a variety of solution options on the market. These include platforms, Commercial-off-the-shelf (COTS)/best-of-breed and transfer solutions (although no state has yet implemented a CCWIS compliant solution). We further describe the market and solutions in the CCWIS section later in Appendix B.

A cost-benefit analysis should also be conducted to help guide key decisions and support federal funding requests. From there an implementation roadmap can be developed that describes a path forward. Some states have opted to procure a feasibility study vendor to complete this work in an objective manner. A feasibility study will engage OCFS internal stakeholders (such as executives, deputy directors, field workers, IT, etc.), as well as those external to the agency (such as private agencies, community providers, and other agency partners) to identify and understand deficiencies in existing systems and processes and explore areas for policy and procedural change. Upon completion of the feasibility study and identification of the

recommended alternative that best fits OCFS's needs, the State will determine the best functional solution based on its technical viability and business value.

4. **Developing an implementation roadmap that yields incremental benefits** – after selecting the alternative that is right for OCFS, the agency will need a plan to get there. The roadmap for the CCWIS implementation strategy considers all programmatic, operational, and technical aspects of a change of this magnitude. It goes beyond the software development lifecycle to include things such as policy changes, funding, budgeting, legal, training, and more. These “workstreams” are often overlapping and in some cases interdependent. A visual roadmap will demonstrate the relationship and dependencies of the workstreams and serve as a valuable tool as the plan is executed. Deployment of new systems can be very challenging when fully replacing a legacy system, as they are not architected in a modular way. As such, this requires building of bridges between old and new systems for a modular release strategy. Given the risk associated with that approach, some states are opting to implement a traditional “big-bang” approach, even when developing modularly. The data conversion and deployment plans must be well planned with contingency plans to ensure success.

Plans change. OCFS will encounter administration changes, new regulations, conflicting priorities, or other needs arising that it is not able to predict at the time the roadmap is developed. Using the roadmap as a baseline for managing change will be valuable to assessing impact to the overall timelines, budget, and organization. The roadmap should be updated, as required, and can serve as valuable input to Advance Planning Documents (APDs) for federal funding requests.

Leveraging enterprise assets to reduce infrastructure and capital investments for the new solution – OCFS should review options within DHHS and other state agencies to utilize solutions that have already been procured and implemented. This will reduce costs as well as risk, since these technologies will already be in place within the state environment. Areas to focus on include document imaging, master client index, master provider index, web services, data warehouse, and platform and COTS license agreements.

Practice and Policy Improvements

Organization-Wide

Organization-Wide Recommendations

To have the best possible outcomes in child welfare, agencies must continually evolve to meet the changing demands and needs of children and families. Like the gears in a factory, practice, process, and policy must align for the organization to function smoothly. This memo presents recommendations for improvements at an organizational level. Recommendations for intake and assessment follow in subsequent memos.

The eight recommendations outlined below represent opportunities for policy and practice improvement that have the greatest potential to impact people across the organization and improve outcomes for the children and families served by OCFS.

#	Recommendations
19	Prioritize a complete realignment of policy with practice
20	Increase compliance with statutory timeframes
21	Update caseload size, standards, and ratios
22	Clarify processes so that decisions have at least two-tier review with clear roles and responsibilities at each level
23	Set clear expectations for communicating new inappropriate reports made against open cases
24	Develop comprehensive performance-based contracts to maximize returns
25	Clarify positioning around child rights vs. parent rights

Table 11: Practice and Policy (Organization-Wide) Recommendations

19. Prioritize a complete realignment of policy with practice

A guiding practice model is a critical part of aligning mission, vision, and policies, which in turn promotes efficiency and consistency across all program areas. A practice model also serves as a guiding theme to support all tools and decisions (e.g., SDM). In turn, the policy found within the practice model provides guidance for the organization and caseworkers to ensure safe environments for children and day-to-day practice. It is the tool that clearly defines what actions are necessary to keep children safe and ensure consistent behavior among staff. In addition, clear policy with consistent application ensures public confidence in safe practices.

OCFS has a clearly outlined practice model, but the day-to-day practices do not align with policies. In each of the examples provided below, however, staff have noted that guidance from leadership has either eliminated the practice, practice is different across districts and offices, or oversight has let enforcement of the practice slip.

Currently, per the policy manual, a **facilitated family team meeting (FFTM)** is required to be held before any emergency removal of a child from the home, prior to the decision to file a straight petition requesting removal or immediately prior to any recommended removal or placement change from a relative or non-related caregiver against the caregiver's wishes, according to Maine's Child and Family Services Policy IV.D-6, unless the Program Administrator or Assistant Program Administrator has approved and documented in a MACWIS narrative the approval along with justification of the decision that a FFTM will not be held.

OCFS staff and management have stated that new staff are no longer trained on FFTM or teaming practices. However, staff who have been trained on these practices can utilize the techniques. Instead, new staff are trained on the old formula for conducting family team meetings, which creates a mismatch in practice among staff and does not align with policy.

Policy mandates a **Safety Plan** be developed with the parent/caregiver and the family's informal or formal supports when possible to control and manage the signs of danger within the child's environment as part of the child protection assessment, when needed to make a child safe. According to Maine's Child and Family Services Policy IV.D and IV.L.: *"...a plan may be proposed by the family, child, worker, or other person for care of the child outside of his own home. Use of informal care arrangements during initial phases of assessments may be required and can provide safety and continuity for the child."*

Two OCFS memos dated June 6, 2018, and July 3, 2018, indicate that safety planning decisions require the approval of a Program Administrator or Assistant Program Administrator. This is accomplished through the Team Decision Making process with the caseworker and the caseworker's supervisor. For a child to remain in the home in the care and custody of their parents when safety threats exist, a family team meeting is facilitated by a Teaming Specialist or Supervisor. However, staff consistently reported that safety planning was no longer being done to maintain a child safely in the home or in a kinship care home.

According to Maine's Child and Family Services Policy IV.K, *Signs of Safety* mapping is used to gather needed information when conducting an assessment in a substance abusing family to understand a person's struggle with addiction or substance use. **Staff have reported inconsistent application of the principles of *Signs of Safety*.**

As noted in the *Quick Wins* memo, OCFS currently communicates policy and practice changes to staff via email and emailed memo but does not consistently update the written policy manual with changes to practice and policy. OCFS needs to either formally adjust policy in the cases (such as the above) where they have intended to make policy changes, and/or re-emphasize how practice should align to policy in the cases where practice has simply strayed from what is supposed to happen. More specifically, we recommend that

1. **OCFS update the policy manual to align with the practice model and practice changes that have been outlined through memos** in the current policy updates underway. Going forward, changes to practice should be updated and documented clearly in the policy manual. If practice memos are distributed, then they should reference where the corresponding policy can be found.
2. **Remind staff, through QC/QA case reviews or supervisor conferencing to actually follow the policies as they currently stand where practice deviates from OCFS' intent.**

20. Increase compliance with statutory timeframes

During PCG's eight case reviews it was found in most cases that statutory time frames were exceeded, and there was a noted lack of urgency noted by reviewers. In multiple cases, it was due to a singular allegation that was not in and of itself "significant" or "dangerous" enough to create a significant safety concern. Special concern was noted regarding cases that became court involved. In one case, jeopardy was not found until one year later, and 16 months after jeopardy was found, the case was still open with no permanency plan implemented. In another case, the time to complete a single hearing took more than a month to complete. There were also several cases, particularly those with either mental health or domestic violence issues present, where there appeared to be an inability or unwillingness to reach a conclusion and/or communicate decisions to the adult family members. Providing support and resources to safely and appropriately communicate decisions about permanency to the family is an important systemic issue.

Every part of the system must be responsible for complying with the statutory time frames and the law.

OCFS currently has the following policy timelines, shown below in Table 12.

OCFS Policy Timelines	
Initiation for assessment	24-hours or 72-hours
Closure for assessment	35 days
Permanency	12 months
Adoption after entry into CWS	24 months

Table 12: OCFS Policy Timelines

according to data from MACWIS, once the case begins proceeding through "the process" of assessment, the agency struggles to maintain momentum, completing only 66 percent of assessments within 35-days (shown below in Figure 18). OCFS's rate of timely completion of assessments within 35 days and their rate of achieving permanency for children within 12 months, per OCFS policy, leave room for substantial improvements.

In addition, The Children's Bureau has long reported that children do best when raised in a stable family setting. When parents are not found to be a safe and appropriate home for their children, the caseworker must establish a plan for a different permanency outcome. In some cases, reunification is not viable because of prior involuntary termination or an extremely egregious act. In other cases, there may be a history of repeated abuse and neglect, repeated unsuccessful attempts through service referrals, or it may become clear, based on a history of past and current behavior, that further services will be unsuccessful.

According to the Children's Bureau and the Adoption and Safe Families Act (ASFA), states are required to make decisions about termination of parental rights when:

Looking closer at one example of "urgency", in review of select cases and MACWIS data, the agency met the 72-hour initial response expectations 84 percent of the time. This is discussed further in the *Assessment Recommendations* memo. As noted in Table 12, OCFS policy specifies that assessments should be completed within 35-days. However,

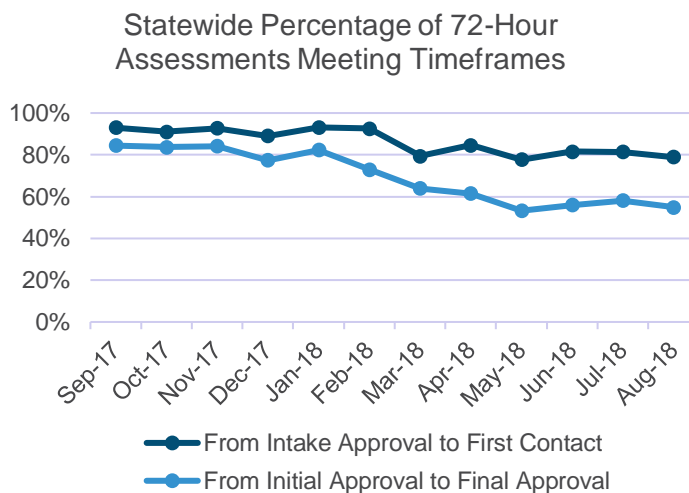


Figure 18: Statewide Percentage of 72-hour Assessments Meeting Timeframes

- A child has been in foster care for 15 months or more out of the last 22 months
- The Court has ruled that the infant was abandoned
- The *“parent committed murder or voluntary manslaughter of another child of the parent; aided, abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter or committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.”*¹⁴

Statutory time frames for child protection cases are based on child and family research, considering a child’s sense of time, bonding and attachment, reactive attachment disorder, trauma, among other things. On the most recent Child and Family Services Review (CFSR) in 2017, the *Permanency Goal for Child* was assigned a rating of Area Needing Improvement. Three issues were: (1) delays in changing goals to adoption due to significant time between child entry into care and filing of termination of parental rights with the Court; (2) parents being given extended period to reunify despite little demonstration of progress being made in services to alleviate jeopardy issues;¹⁵ and (3) not working concurrently with both parents.

To increase the agency’s overall sense of “urgency” and help the effort to meet timelines, ***we recommend the following:***

- ***Caseworkers, in consultation with the Assistant Attorney Generals (AAGs), need to communicate honestly and openly about the trajectory of a case and likelihood of reunification with family members.*** The child’s safety and permanency should be considered as their best interest, even if it is difficult to close the door on the possibility of reunification with the biological parent.
- ***Every case should aim to provide permanency for a child within one year.*** This timeframe is influenced by the allegations, age of the child, family dynamics, repeat referrals and other individual circumstances. According to ACF’s National Survey of Child and Adolescent Well-Being, longer periods of time in foster care are associated with greater risk for remaining in foster care instead of achieving permanency.¹⁶ Lack of development of secure attachment in children or loss of secure attachment can result in a child’s inability to rely on their caregivers to attend to their needs of proximity, emotional support and protection, and contribute to escalating behavior problems which reduce the child’s chances for ultimately achieving permanency.¹⁷ In addition to the traumatic stress caused by abuse and neglect, removal from their primary caregiver into foster care increases emotional trauma by further disrupting attachment.¹⁸ Fortunately, these studies also suggest that these risks may be partially offset by a positive and stable caregiving environment.¹⁹ Therefore, the amount of time a child remains in care without true permanency should be limited. The permanency process should move faster, when possible, and anything more than one year should be rigorously questioned and reviewed.
- ***Technology should be used as constant reminders of the need for timeliness and moving a case toward permanency.***
- ***Every part of the system must be responsible for complying with the statutory time frames and the law.*** The AAGs and the Court as well as parents’ attorneys and GALs must know the statutory timeframes and the law and be held responsible for adhering to them. Cases that exceed statutory timeframes must be intensely reviewed and actions taken to request that they be expedited.

¹⁴ [https://www.childwelfare.gov/pubPDFs/groundtermin.pdf#page=2&view=Grounds for termination of parental rights](https://www.childwelfare.gov/pubPDFs/groundtermin.pdf#page=2&view=Grounds%20for%20termination%20of%20parental%20rights)

¹⁵ <https://www.maine.gov/dhhs/ocfs/documents/Maine-Annual-Progress-Services-Report-2018.pdf>

¹⁶ https://www.acf.hhs.gov/sites/default/files/opre/nscaw_ltrc_research_brief_19_revised_for_acf_9_12_13_edit_clean.pdf

¹⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4128499/>

¹⁸ <https://www.attachmenttraumanetwork.org/>

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2749813/>

21. Update caseload size, standards, and ratios

A manageable workload impacts the ability of caseworkers to provide the services and oversight on cases that promote positive outcomes for families. Most states struggle with managing caseloads – Missouri (20-30 cases per worker depending on type), North Carolina (counties vary but some report up to 15-18 in investigation), Oklahoma (reports of up to 30 cases per worker), Kansas (an average of 38 across all workers) and others have all reported similar issues with managing caseload size and intensity.

Current OCFS Caseload Size Averages		
Type	Goal Caseload	Actual Caseload Ratio
Assessment (n=87)	6-8/month	1 to 7.8
Permanency (n=75)	12-15 cases	1 to 10.6
Adoption (n=16)	15-18 cases	1 to 16.8
Mixed (n=95)	—	1 to 10.2
Total (n=273)	1 to 10	1 to 10

Table 13: Caseloads by Position Type
Mixed caseworkers have less than 85% of a given case type
The “n” in the table is number of caseworkers

Average caseload sizes in October for OCFS staff with assessment, permanency, adoption, and mixed caseloads are provided in Table 13, above, as well as an overall caseload size for those same staff. Figure 19 displays how those workloads have changed from October 2016 through October 2018. Items of note include:

- **The average caseload generally increased over the past year, most notably for those who are primarily or solely assigned adoption cases.** This is likely due to a decrease in the number of adoption cases (close to 40 percent between January 2017 and October 2018) with a corresponding, yet sharper, decrease in the count of caseworkers assigned to adoption cases (close to a 50 percent decrease in the same time period).
- **Caseload sizes have also increased notably for caseworkers assigned to assessment and permanency cases,** which are likely the result of the increased case volume for both assessment and custody cases (more than doubling for custody cases).
- **The caseload size for staff who carry a mixed caseload has remained fairly constant,** despite a marked reduction in the number of caseworkers assigned a mix of cases to manage. This is likely the result of shifting caseworkers who previously carried a mixed caseload to a more specific type of case.

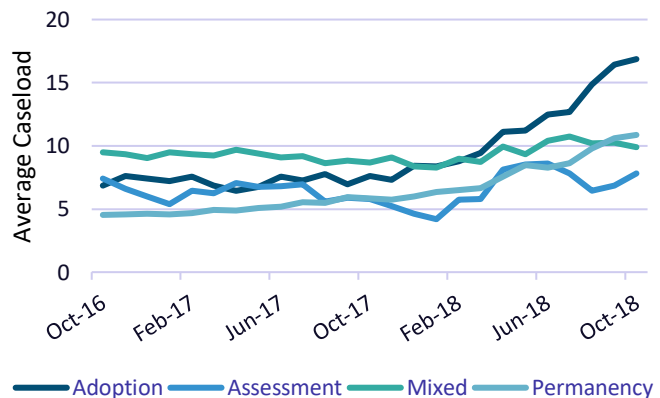


Figure 19: Statewide Caseworker Workloads by Worker Type

Overall, the volume of cases staff manages at any one time increased this past year while the number of OCFS caseworkers has decreased. In fact, the **overall number of caseworkers is now the lowest it has been in the last five years while the total number of cases and assessments are the highest, leading to even higher caseloads for Maine’s caseworkers.**

The Child Welfare League of America (CWLA) offers states suggested caseload sizes, ranging between 1:10 and 1:12, depending on where families are located (rural versus urban, respectively). Standards are also provided to help agencies measure resource needs for caseworkers who carry a mixed caseload.

While CWLA's standards offer states a benchmark as to what caseload sizes might be, they do not take a state's unique case practice into consideration, nor do they take into consideration that not all caseloads are equal. For instance:

CWLA Best Practice for Mixed Caseloads	
Caseload Ratio	Type
1 to 7	Children out of home (one child = one case)
1 to 3	Families in home (one family = one case)
1 to 4	Families for initial assessment (one family = one case)
1 to 14	Total families/cases

Table 14: Best Practices for Caseload Ratios

- They do not account for states' individual policies for handling a case. While there are federal requirements which all states must follow, how states implement those requirements vary which in turn can impact the time needed to handle a case appropriately.
- Within a given type of case, there is variation in the time needed to work with a family and/or child. For example, the time it takes to work on a case involving a child who is placed out of the home will vary by where that child is placed (e.g., in a family foster home versus a residential setting versus a pre-adoptive home).
- Caseworkers who are defined as carrying a single caseload type, e.g., permanency cases, carry mixed caseloads. The time it takes to work with a family whose child remains in the home is different from a case where a child has been placed in foster care.
- In Maine, more so than other states we see, caseworkers in most departments are performing a lot of their own administrative work (e.g., paperwork, filing, scheduling drug screens, obtaining releases for information, transport, transcription, or visitation) without a lot of clerical support.
- There is a rural aspect to much of the state which requires caseworkers to spend considerable drive time to meet with children and families, attend court proceedings, and track down judges, notaries, and other resources as necessary. Some of this time can also be attributed to state policy and practice of court and judge availability to OCFS. This is discussed further in the *Assessment Recommendations* memo.

Because of the factors listed above, we recommend that Maine continue to aim to be at or below the caseload best practice of 1:10.

OCFS is fortunate to have time standards for specific case types which can be used to better inform the time staff need to handle cases on a monthly basis, in accordance with Maine's policies. This information can be used to measure how many caseworkers are needed to handle OCFS' caseload volume, enabling the agency to take steps toward reducing caseworkers' caseload size while ensuring cases are handled according to policy and better positioned to achieve positive outcomes. Three data points are used to measure the number of caseworkers needed to handle an agency's caseload:

- Case volume, by case type
- Time needed to handle a case by case type
- Time available for casework

OCFS data on *hours available to work on cases* will be updated following completion of the random moment time study, which is currently being administered to caseworkers, supervisors, specialists and support staff for this assessment. So far, preliminary results show staff are spending more time on cases than they had previously. When the available data for the three data points are applied to the count of cases and volume of

caseworkers for October 2018, limiting the calculation to assessment, permanency and adoption cases and the caseworkers who worked on those cases, a resulting preliminary calculation of **an additional five additional caseworkers were needed to allow staff to manage their cases in accordance with goals and policy.**

Many supervisors are directly responsible for making case assignment decisions. Thus, it is essential that supervisors have a system for assigning cases in a fair and equitable manner. The process should take into account the anticipated workload of a case, the worker's experience and capabilities, geography, and the worker's current caseload. Although there may be pressure to do so, supervisors should resist the urge to give high-performing workers higher caseloads or more complex cases. This approach can backfire by unfairly overloading the best workers, prompting them to leave.²⁰

22. Clarify processes so that decisions have at least two-tier review with clear roles and responsibilities at each level

Each day and on each case, caseworkers are asked to make many critical decisions (e.g., to file court action, to remove children immediately, to keep children at home, to substantiate or un-substantiate an assessment, or to find suitable placements for children) that require strong supervision to ensure that the correct decision is made.

OCFS has already taken some steps to clarify the supervisory role through the issuance of practice change memos on June 6 and July 3, 2018. The June 6, 2018 practice change memo states that:

"Any decision that directly impacts the safety of a child must be reviewed and approved by a supervisor including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home placement, and permanent placement with the parent must be reviewed and approved by an APA or PA."

This practice change memo further states that an internal Team Decision Making (TDM) process will be implemented, and includes the caseworker, supervisor, APA, or PA. The TDM will be used for the following situations:

- "Safety planning for children to remain in the home in the care and custody of their parents when safety threats exist
- Filing PPOs
- Kinship assessment prior to placement"

Per the Annie E. Casey Foundation, TDM as a model "includes family members for all decisions involving child removal, change of placement, reunification or other permanency plans" because it is, "a much more effective way to approach the critical issue of placement for potentially at-risk kids compared to the traditional model of agency personnel telling the family what to do."²¹ The way TDMs are described in the practice change memo is thus not fully compliant with fidelity to the TDM model. Therefore, **PCG recommends that OCFS revisit their policy and practice regarding TDM so that when TDM is applied, it is applied in a manner consistent with best practices.**

²⁰ https://www.childwelfare.gov/pubPDFs/case_work_management.pdf

²¹ <https://www.aecf.org/resources/team-decision-making/>

According to the June and July practice change memos, there are contingency plans in place for instances where a supervisory decision needs to be made after hours and the district APA or PA is unavailable. In these instances, the decision will be reviewed by either another district's APA, PA, the Regional Associate Director, or the Associate Director of Child Welfare Services. While this is a step in the right direction, **PCG further recommends that OCFS outlines in policy every critical decision point a caseworker needs to make and clearly defines when supervisory review is needed, by whom, and tangible descriptors regarding what that supervision will look like and responsiveness for it.** PCG will work with OCFS to develop/update desk guides for staff that outlines these practices.

To achieve this, OCFS could build on the key decisions matrix developed following the 2016 Organizational Assessment which outlines all possible critical decision points for a caseworker at each point in a case. That document should be updated and revised to match best practice standards today, and a more robust section should be added regarding the supervisory role at each critical case point. The updated key decisions matrix could then be used as a guide for developing updated/new policy.

Limiting the review process to an internal two or three tier review within OCFS is not the only approach to supervision and review, **OCFS should consider other processes for review in the future.** In Rowan County, North Carolina there is an opportunity for third party review (shown in Figure 20, above). Utilizing a third party when more challenging decisions need to be made, or when there is disagreement, is another option OCFS should explore further.

Processes Rowan Uses to Support Decisions
<p>What structures or procedures does Rowan County DSS have in place to support child welfare decisions?</p> <p>Staffings. We rely a lot on staffings, which are one-on-one meetings between a supervisor and the social worker carrying the case. These start as soon as the case is assigned. In CPS assessments, staffings help ensure it's joint, two-level decision making between the supervisor and the worker. We certainly put a lot of stock in our social work staff and their child welfare decision-making, but there is constant oversight throughout the life of the case.</p> <p>Peer Review. When the supervisor and social worker are stuck on a case or when they feel it needs to move to in-home family services or permanency planning, we use Peer Review. This is a panel that meets weekly to provide staff a place to seek peer guidance or suggestions. Every week workers sign up if they want to present a case. Panel members change, but different social workers from every child welfare service area sign up to be on the panel. These reviews last anywhere from one to three hours, depending on how many cases are discussed.</p> <p>Our attorney usually attends the first part to learn about any petitions that may need to be filed. As Program Administrator I attend as well, but I don't normally participate unless asked because I want them to work among themselves. I think many agencies use a similar process, though the terms they use may be different (e.g., joint staffings, peer staffings).</p> <p>Third Party Review. This is a kind of alternative to Peer Review. It's not needed often, but if there comes a time when there's a disagreement or the supervisor or the social worker are not on the same page as far as what a decision should be, then they discuss the case with me. It is fairly rare. Our social workers and supervisors have good communication amongst themselves, they work well together. If there's disagreement, it's often about the level of severity in cases, such as whether a case should be considered improper discipline vs. physical abuse.</p>

Figure 20: Another process, such as third-party review, is an alternative approach to an internal review process

23. Set clear expectations for communicating new inappropriate reports made against open cases

Currently, OCFS policy (IV. C. Intake Screening and Assignment, Section F) states:

"When new information is added to a Narrative Log in an open report, assessment, or case, the intake caseworker notifies the District Office (DO) caseworker and the DO caseworker's supervisor by tickler."

However, in practice it does not appear to be working this way. Caseworkers report, and observation supports, that unless a report is determined as appropriate with a new investigation to the assessment unit, the

caseworker or supervisor on the open case (either in assessment or permanency units) is not always directly informed of the report. Instead, the inappropriate reports are listed in the electronic case file in MACWIS without specific notification to ongoing staff. Supervisors are also supposed to send emails to staff, but this does not always happen, or staff does not always see/read the email. Failing to have an automated, clear process for communicating information about inappropriate reports is problematic for three reasons:

1. Reports of any kind about a family with an open case may include details that are important for the ongoing caseworker to know.
2. Even reports that do not arise to the level of being marked as “appropriate” may contain information that the ongoing caseworker can use in relation to their overall knowledge of the case to gain insight and identify potential risks for the children and family involved. The lack of internal communication opens the department to risk that subtle signs of risk may be missed even though reports were made.
3. A failure to notify ongoing staff of the information may result in a disjointed response from the department which can frustrate police, medical professionals, or community members who are making the reports but not seeing them fully considered.

Therefore, we recommend:

- **OCFS should set clear expectations for how open case information should be shared between workers** and developing processes for doing so is critical to overcoming this barrier. Enhancing communication practices around new reports is not intended to eliminate the investigation of multiple reports on a single family, but to increase communication and information between staff about their respective cases.
- **Intake should always notify ongoing caseworkers who are managing the case and their supervisors of all reports** (inappropriate and appropriate) made against an open case and information about cases of the same family using the existing report notification tickler system.

24. Develop comprehensive performance-based contracts to maximize returns

According to examples provided, OCFS service contracts specify the provider expectations in terms of quantity of service units, but do not link expectations to the impact of those services. For example, the current foster home recruitment contract states:

- Two hundred and fifty (250) people will attend informational meetings by the end of the year. That is sixty-two (62) people per quarter
- Forty percent (40%) of interested persons will follow through with an application per quarter
- Ninety percent (90%) of the identified targets in the state plan will be completed each quarter

Notably, the listed performance measures do not include a measure of how many foster home resources

Tennessee, largely considered a state leader in performance-based contracting, has been very successful. We recommend Maine review the methodology and basic principles that Tennessee has provided to other states and service providers.

are actually acquired (nor does it pay based on such outcomes) which is arguably the primary goal of the provider. The contract is also unclear as to the consequences of not meeting performance targets. Thus, the link from provider performance to contract payments is also not clear. It is evident that Maine has tried to incorporate some elements of performance-based contracting, but its efforts are inconsistent and have no real financial teeth.

Nationally, performance measurement in child welfare contracting has included performance expectations for the last twenty years. Performance should be measured by the impact of services and determine whether the contract is renewed.²² Three types of performance-based contracts were identified by the Department of Health and Human Services Quality Improvement Council (DHHS QIC).²³

- **Payments-based** contracting for providers such as foster and adoptive parent recruiting, home studies and adoptive placements. These contracts pay providers only when they have met a key milestone and, thus, produce the greatest risk to the provider. For example, foster care recruiters would be paid per foster home resource acquired.
- **Rewards and Penalties.** Under these models, providers receive base contract payments on top of which they are paid incentives (or are charged penalties) for their performance on select measures. In Idaho, for example, in its resource family recruitment contracts providers receive a flat monthly fee for ongoing recruitment activities as well as a small incentive payment for each family recruited. The state can determine what proportion of the payment to use in each category; Florida, Iowa, Idaho and Tennessee have used this approach.²⁴ Tennessee, largely considered a state leader in performance-based contracting, has also been very successful at using this approach with residential and other providers to improve timeliness to permanency and reduce reliance on congregate care. We recommend Maine review the methodology and basic principles that Tennessee has provided to other states and providers. It can be found in the link in the footnotes.²⁵
- **Caseload Model** for contracting with agencies provides multiple levels of in-home and out-of-home care. Agencies cannot hold on to cases for extended periods of time; instead they are required to accept a certain percentage of new referrals and move a certain percentage to permanency each year. If the agency provides multiple levels of care, it must balance the cost of the higher levels by stepping some children down to a lower level as new ones come in. Agencies that fail to achieve the standards set under the contract risk serving more higher-level children than they are being paid for or having their new intakes placed on hold. Illinois and Missouri have used this approach. Some level of this type of contracting could be applied to the ARP contract.

To maximize efficiency and value to the state, contracts, if possible, should be structured to pay-for-performance to emphasize the results-oriented nature of the relationship. OCFS should consider classifying its different types of contracts (e.g., in-home services, residential services, resource development), ***developing logic models that specify the expected inputs and outcomes***, and developing templates to apply consistently to providers. Performance measures, quarterly reporting, payment mechanisms and incentives/penalties must be aligned for effective contract management and provider accountability. PCG will provide several examples to Maine OCFS leadership to use as guidance as well as address any funding concerns.

Specifically, we recommend OCFS do the follow:

- Going forward, explicitly, for foster and adoptive family recruitment, ***Maine should use a system such as in Florida, Iowa, Idaho, Tennessee, and Illinois where both effort and outcome are rewarded.*** For example, when incentives and rewards contracting was implemented in Illinois, it helped to establish

²² <http://socialinnovationcenter.org/wp-content/uploads/2016/02/building-performance.pdf>

²³ <https://aspe.hhs.gov/basic-report/ensuring-quality-contracted-child-welfare-services>

²⁴ <https://aspe.hhs.gov/system/files/pdf/75631/report.pdf>

²⁵ https://www.tn.gov/content/dam/tn/dcs/documents/for-providers/Perf_Based_Contracting_Contract_Incorporation.pdf

a sense of urgency for service providers, better communicated the organization's vision, created a plan for short-term wins, and institutionalized these new practices.²⁶

- ***Service contracts such as for Alternative Response Program (ARP) should combine effort with incentives, making a portion of the payment tied to the performance measure that already exists*** (e.g., 94.6 percent of families

with case closures as services successfully completed will not have a subsequent finding of child abuse and neglect within six months of closing. The state would have to do the measurement for each contractor tying their caseload to performance reports.

Because Maine is challenged by its rural nature, it is critical that contracts be structured in a way as to sustain the resource as well as provide for accountability for state funding.

Because Maine is challenged by its rural nature, it is critical that contracts be structured in a way as to sustain the resource as well as provide for accountability for state funding.

25. Clarify positioning around child rights vs. parent rights

The debate between parents' rights and children's rights has been part of the child welfare dialogue for more than a half century. The argument aligns itself with two positions: the parents right to exercise their judgment and discretion regarding children in their home and a child's right to be safe and to be well. These two positions have clashed for years and are best represented by the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 and the Adoption Assistance Act of 1980 which seemed to settle on reunification with parents as the primary goal. This goal was then superseded by the Adoption and Safe Families Act (ASFA) of 1997 which determined that the primary priority is the safety and well-being of the child.

The question though is not what the court's position is in the adversarial process, but what position does the agency (through its caseworkers) take as it determines service needs and capacity, makes referrals, holds individuals accountable for service compliance and completion, integrates service treatment and compliance between parent and family services with child services, and makes decisions based on those two — often competing and contradictory — service provisions.

The agency, through its caseworkers and leadership, must make the decision that its primary responsibility and obligation is to the best interest of the child/children. Once the agency decides to become engaged, whether through an ARP, court involvement or otherwise, its focus and primary responsibility is to the child. This messaging must be part of the agency's culture and be communicated down throughout the organization. It is the parent's responsibility to demonstrate their commitment to sustainable and meaningful change and improvement by strengthening those qualities that have been assessed and determined to need improvement.

²⁶https://cfrc.illinois.edu/pubs/pt_20110801_UsingDataAndPerformanceBasedContractingToDrivePracticeChangeForChildrenAndYouthInResidentialCareInIllinois.pdf

Practice and Policy Improvements

Intake

Intake Recommendations

Currently, callers who do not reach a live person have the option to leave a voicemail; these messages are then transcribed by a rotating member of the staff on a piece of paper, with return calls managed manually. This system allows for several possible missteps. There is the possibility that a caller might give up and not leave a message or abandon the call. The person transcribing the voicemail could get the message wrong. The voicemail might also literally fall through the cracks if a voicemail slip is lost, and calls may not be returned in a timely fashion as this part is left to staff to self-determine who has the time to call back. It also leads to situations where the caller cannot be reached, either due to a non-working or incorrect phone number, or because they would prefer not to leave their contact information.



Figure 21: The voicemail slips at one of their more organized moments

reaching an average of 69 percent. However, of the remaining 30 percent of calls that do not get answered, roughly 20 percent were abandoned. This means that a fifth of the people who are calling to report suspected abuse or neglect give up waiting and hang up. They may eventually call back, but that is an unknown; and, if they do, then by the simple fact of being repeat callers they are adding to call volume and wait times for others.

Also, of significance is the maximum wait time (for a call to be answered) in a month. This has been as high as 90 minutes (August 2018) and as low as 34 minutes (February 2018). In addition, not all voicemail messages are able to be returned the same day, which delays the screening and investigation process. It is not clear from OCFS tracking what the success rate is in reaching callers who have left voicemails.

Only 66 percent of intake hotline calls were answered by a live person between January 1 and October 31, 2018, according to OCFS' statistics. The percentage has improved slightly over the most recent three months,

Intake Unit Data *(January - October 2018)	Average 2018 CY	Average 2018 FY
Total # Offered Calls to Unit	6133	5904
# Incoming (Answered Live) Calls	4048	4084
Avg Answer Speed (average hold time in min)	3	3
Avg Length of Incoming Calls (in min)	9	8
Max Delay *Single longest in month	54	60
# Abandon Calls	1280	1140
Avg time Calls Abandon	4	3
% (rate) of Abandoned Calls	21%	19%
# Voicemails	805	680
# Outgoing Calls	3315	3315
% of Answered (live) Calls	66.50%	69.20%

Table 15: Intake Data this Calendar Year

According to Casey Family Programs, a leading voice on child welfare research and program design, the following are the key elements of an effective hotline:²⁷

Effective Hotline Elements		OCFS Status
1	Consistent and timely response	<ul style="list-style-type: none"> Response is untimely (see below data)
2	Clear policy guidance	<ul style="list-style-type: none"> See organization-level Recommendation 19 for more detail OCFS has a robust Structured Decision-Making (SDM) tool that provides needed decision-making structure
3	Reliable decision-making processes	<ul style="list-style-type: none"> Inconsistent decision-making with a limited review process (reference Recommendation 29 for more detail)
4	Skilled workforce	<ul style="list-style-type: none"> Intake should be staffed with some of OCFS' most experienced child welfare professionals
5	Continuous quality improvement	<ul style="list-style-type: none"> QI Manager housed with intake Additional CQI Infrastructure might be value-add

Table 16: Key Features of an Effective Hotline

To address these issues, align policy and practice, strengthen the role of intake staff and processes, and better ensure the safety of children, we present the following five recommendations.

#	Recommendations
26	Improve processes and ensure adequate staffing to handle intake calls and volume
27	Enhance effectiveness and efficiency of information collection process
28	Align report reclassification with Structured Decision-Making model
29	Ensure that supervisors review every report within 24 hours

Table 17: Practice and Policy (Intake) Recommendations

26. Improve processes and ensure adequate staffing to handle intake call volume

Best practice dictates that every call should be answered quickly by a live person, even if only to immediately assess the situation and need. Per Casey Family Programs, "it is vital that the system is sufficiently staffed so that reports of child maltreatment are answered quickly and processed efficiently. Agencies must monitor workload levels in real time and adjust hotline staffing levels whenever necessary to ensure sufficient staffing and oversight."²⁸

The state has made a commitment to improve the services at intake with the addition of seven positions: two supervisor lines and five casework lines. The addition of these five new caseworkers should have a significant impact on call response time. In addition, OCFS remains committed with the inclusion of five contracted staff through the fiscal year. We encourage the agency to continue to monitor their ability to answer calls live daily/weekly as new staff come online.

²⁷ Casey Family Programs (2011). *Centralized Intake Systems*. Seattle WA: Casey Family Programs.

²⁸ <https://www.casey.org/what-are-the-elements-of-an-effective-hotline-system/>

To reduce the percentage of calls that are not answered live, OCFS should:

- **Fill vacant positions with experienced, well-trained staff.** While hiring is already underway, we encourage OCFS to staff these positions with seasoned staff who have significant knowledge of child welfare practices. Research has noted, given how crucial appropriate screening and decision-making is at the beginning of a family's involvement with the agency, the importance of staffing intake with staff who have substantial experience in child welfare.²⁹ While a majority of states do not require intake staff to have previous internal experience, some states who are higher performing and have lower turnover rates of intake staff do have such a requirement. For example, Washington state requires prior child welfare experience for staff to have a role in intake and most of its hires are internal transfers from other divisions in child welfare.
- **Develop a back-up plan to ensure calls are answered live.** Even with additional casework staff, and especially as they are being trained and acclimated to the work, intake may not be able to meet the threshold of 90+ percent of calls answered live at all times. Therefore, we propose that central intake should have a multi-tiered plan to answer and document completely every incoming call. Ideally, first line central or district intake workers will speak directly to callers immediately. If this is not possible, one consideration is to have calls roll over to a support staff person or contract staff who could take basic caller information and pass back that information to intake call takers as they become available. Once the updated phone system comes online in 2019, a component of the backup planning can include detailing call patterns and employing predictive analytics to alter staff schedules and develop backup plans centered on key times.
- **Consider additional changes to staffing to stagger schedules.** For example, in Texas, leadership employs predictive analytics software to manage staffing during peak call times. The data helps supervisors to make educated decisions about when more or less staff are needed to meet call demand patterns. With the development of a more advanced and "live" data collection system through the new phone software, OCFS should see improvements to data that will help with the implementation of this recommendation.
- **Improve training for intake staff.** In addition, intake staff, supervisors and caseworkers need on-going opportunities for skill development through training, coaching, and over-the-shoulder support. Training for intake is detailed further in the *Professional Development* memo, **Recommendation 39**.

By staffing the intake District with enough experienced and thoroughly trained caseworkers and having a plan for handling call volumes, OCFS can more closely reach its goal of answering every call live.

27. Enhance effectiveness and efficiency of information collection process

OCFS' intake call data from 2018 shows that caseworkers spend an average of 8 minutes, 49 seconds on the phone with incoming callers. Intake caseworkers note that this average time does not factor out the multiple robo-calls they receive each day. Time on the phone only represents a fraction of the time workers spend overall in documenting a call.

²⁹ <https://www.casey.org/what-are-the-elements-of-an-effective-hotline-system/>

OCFS performance guidelines suggest that intake caseworkers spend no more than 10 minutes on a call and 15 minutes completing the required documentation. Caseworkers are making best attempts to adhere to these standards; however, staff report system challenges with MACWIS (e.g., saving data, system hang ups, no spell check, and slowness) that interrupt report documentation. Caseworkers state that they typically use a Word document to capture information about a report during the initial call, before it is entered in MACWIS. In the figure below, each of the steps in yellow highlight a point where the intake worker documents the call outside of MACWIS, which later gets input in MACWIS.

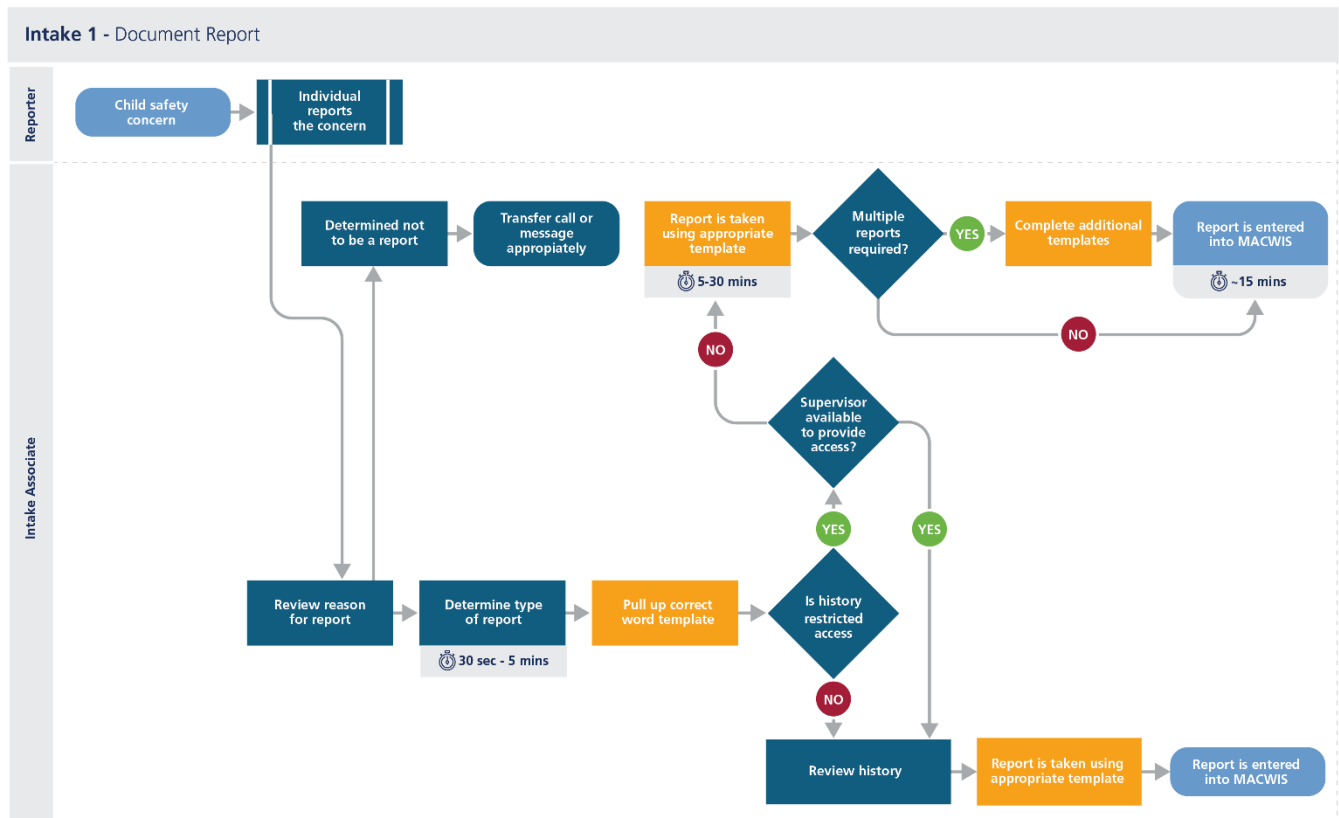


Figure 22: During documentation of the intake report, workers use a word template to take information instead of direct entry into MACWIS, identified at each step highlighted in yellow

Ideally, data entry happens in the most direct route possible, directly into MACWIS. However, if there is a technology gap, such as unreasonable system delays during data entry, interim solutions may be needed to increase efficiency until a system fix can be made, if at all. During a study conducted in Toronto of the Children's Aid Society, PCG found that preparing data in Word could actually be a time saver. In some cases, such as when a system is slow to handle data entry, if it does not have spell and grammar check, or when case notes or other documents will be used subsequently in court, caseworkers find it beneficial to prepare text in Word, for example, and then copy and paste the text from Word into the case management system, which is a short (less than one minute) exercise.

In addition, through interviews and process mapping with staff, we have documented the multiple channels that reports come in to the intake Unit, which include phone, email, fax, and in-person. See Appendix C for a detailed process map. Needed information cannot always be collected during the first contact, requiring call backs or additional research (e.g., address lookup). The variety of reporting methods and lack of report detail both increase potential risk to the agency by increasing delays in OCFS response. In other words, if the method of report submission and detail inclusion are inconsistent, caseworkers must spend more time chasing down information to be able to make reliable decisions. This, in turn, delays the ability of the department to react timely.

To streamline the intake process, **we recommend OCFS:**

- **Develop an online reporting service for mandated reporters (for non-emergency reports).** Online reporting platforms are used in several states, including Arizona, Missouri, Minnesota, Texas and Illinois, to improve the ability of mandated reporters to submit complete and accurate information on-demand, instead of waiting for a returned call.³⁰ In Minnesota and Florida, they use the online reporting for any type of report or reporter. Until an online reporting system is up and running, OCFS should dedicate a telephone line for frequent types of reporters, such as hospitals, schools, law enforcement or just mandated reporters, until online reporting can be implemented. This may include or be preceded by **the development of a template to guide reporters through each required piece of information OCFS needs.** This template can include guidance on the level of detail to collect, with a method for consistently collecting relevant information in a standard format using example text. In addition, it should provide as many closed-ended formats and/or structured responses as possible (e.g., location/address of family, contact information, child’s school, known safety issues, etc.)
- **Reviews intake calls and collection template practices.** These reviews will help OCFS inform the current questions about data entry process and once a standard practice is established, ongoing reviews will help supervisors identify the need for refresher training that may be required if the cause is related to staff preference for open-format documentation over the MACWIS system navigation. Refresher trainings for MACWIS can be used to keep staff from falling into “bad habits” in their data entry practices.
- In addition to the implementation of online reporting, **OCFS should consider additional efficient ways to gather complete information on hotline calls without substantially increasing call times** (and thus preventing increases in hold times and calls that are abandoned by reporters). It is considered best practice to go through all of the baseline questions, every time, to screen a call. There are, however, some options to consider include having specialized questions for certain types of allegations with reminders built into the system to prompt those questions, system edits to enforce information gathering, and enhanced training. A pilot study could be designed to test the enhancements made to improve the quality of the call process.
- **Analyze results of the current time study and conduct additional observations of staff.** If changes cannot be made to MACWIS to allow for streamlined, direct-input, OCFS should explore whether the practice of documenting in a Word template prior to entry into MACWIS is a duplication of effort or whether it is personal preference/timesaving. This analysis should include direct staff observation of the intake documentation process, which should include process flow documentation. The observation should look specifically at data entry conducted at intake, including steps like “Recording Information in MACWIS” and “Completing Forms in Preparation for Computer Input.” Preliminary findings from the recent random moment time study found that caseworkers did not account for time “completing forms in preparation for computer input,” even though this has been reported as a standard practice by supervisors and staff in the Collaborative. Additional analysis can help OCFS determine what the impact of the report preparation outside of MACWIS has on the overall process and what the best standard process should be. The study

Reducing the time, it takes caseworkers to collect and document reports will expedite the process of determining appropriate cases and improve the accuracy of information transferred to assessment.

³⁰ <http://unh.edu/ccrc/pdf/Final%20Reporting%20Bulletin%20Professional%20Perceptions.pdf>

can also identify the exact points at which MACWIS creates data entry delays and the best process for increasing efficiencies for intake documentation in the short- and long-term.

- **Consider the use of support staff to promote efficiencies within the documentation process.** Early results from the random moment time study indicate *support staff* spend 12 percent of their time preparing information for MACWIS and/or recording information in MACWIS. Caseworkers across all units spend an average of 16 percent of their time recording information in MACWIS, with intake workers spending 78 percent of their time on case-specific intake activities. The additional study and analysis of intake documentation should focus some time on exploring how support staff can absorb more documentation/data entry time from intake workers.
- **Implement supervisor review of incoming calls.** For ongoing quality assurance, supervisors should review a percentage of intake calls — listening in or sitting with staff during the call — to assess whether they are asking questions and documenting responses correctly and consistently. During an assessment PCG completed of the implementation of a centralized abuse hotline in New Jersey, they found staff were completing the right activities, but that the quality of work varied widely across call takers. By listening to a random set of calls for a select number of workers, we identified issues that supervisors could address individually with each worker and provide coaching to promote change. With supervisors reviewing of a percentage of live calls, they will have the staff-specific knowledge they need to provide direct coaching support about intake interviewing practices. Supervisors can also shadow staff as part of reviews to learn about their documentation practices and identify training opportunities for staff.

28. Align report reclassification with the Structured Decision-Making model

OCFS implemented a major policy change in March 2018, as a result of a crisis situation, to more effectively highlight reporting patterns that do not individually rise to the level of investigation. This policy requires automatic reclassification of the third report to an appropriate report when two previous inappropriate reports have been received and requires de novo assessments on appropriate reports for open cases. In addition, the department also began utilizing the Structured Decision-Making (SDM) model in early 2018 within the intake department to more systematically evaluate reports.

In addition to ensure accurate classification of reports at intake, accurate, thorough assessment of appropriate reports is equally as important for identifying mistreatment that may not be as apparent (such as emotional abuse or long-term neglect). Approximately 75 percent of all cases in the child protection system are for neglect by itself or in combination with other types of abuse which means that about 25 percent of cases are for more apparent types of abuse (i.e. physical or sexual).³¹ Environments that are marked by aggressive or threatening verbal abuse, repetitive or chronic neglect, or other threatening, intimidating or dangerous behaviors for children can be as damaging and as destructive as physical or sexual abuse.³² That is particularly true where those behaviors are repetitive and ongoing. It is left to the caseworker/supervisor to assess and evaluate the extent to which previous adult/parental behaviors have caused the family to come to the attention of the agency and services referred have been unsuccessful in ameliorating or changing the behaviors. To this end, OCFS completed SDM training with the Assessment department in December 2018 to further standardize the depth and scope of investigations in hopes of providing intervention sooner and preventing repeat maltreatment.

According to data from MACWIS, substantiation of reports has decreased over the past fiscal year for both reports that were originally classified as appropriate and those that were reclassified from inappropriate to appropriate.

³¹ <https://americanspcc.org/child-abuse-statistics/>

³² https://www.childwelfare.gov/pubPDFs/chronic_neglect.pdf

Substantiation for reclassified reports has declined from an average of 14 percent mid-2018 to an average of seven (7) percent in late 2018. This progression appears to correlate with the increased familiarity of staff using the SDM model and reliability of the decisions made. This is shown in the table, below.

In addition, according to MACWIS, there has been a slight increase in the percentage of investigations with new

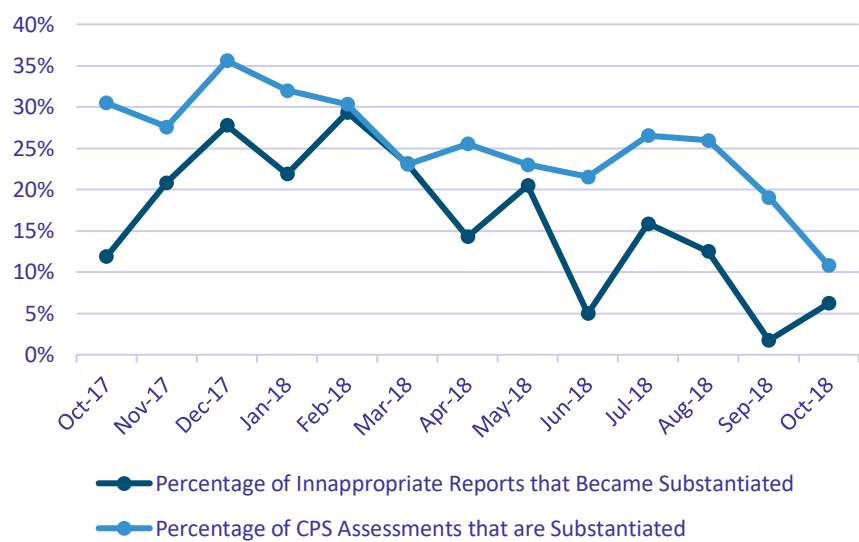


Figure 23: Percentage of Reports that Become Substantiated

appropriate reports within 12 months. As shown below, **approximately 29 percent of cases that started in November 2015 had a new appropriate report within 12 months, where about 35 percent of cases that started in November 2017 had a new appropriate report within 12 months.** It is likely that this is at least partially attributable to the increase in investigations overall, it may also be indicative of a need for more thorough, systematic investigations.

As assessment staff begin to utilize the SDM tool to complete investigations and make decisions

about cases, we recommend monitoring subsequent reports and instances where patterns of reporting may still appear. This information should be used to further adapt the SDM tool at intake and assessment stages so that it can more effectively capture these scenarios around child safety.

While at least two other states have similar reclassification practices, automatic reclassification is not recognized as a national best practice.

And, OCFS data demonstrates that while it may have been necessary at one time to bring attention to subtle call patterns, with the implementation of SDM, the practice may, eventually, no longer be necessary. The data suggests that automatic reclassification of reports offers diminishing returns and may, eventually, only serve to

increase workload; it also assumes the decision-making tool, in this case SDM, is not yet working perfectly as there are still some reclassified reports being substantiated. To that end, we **recommend continuing to monitor and evaluate the impact of the SDM tool and making adjustments to the tool as needed with the goal of**

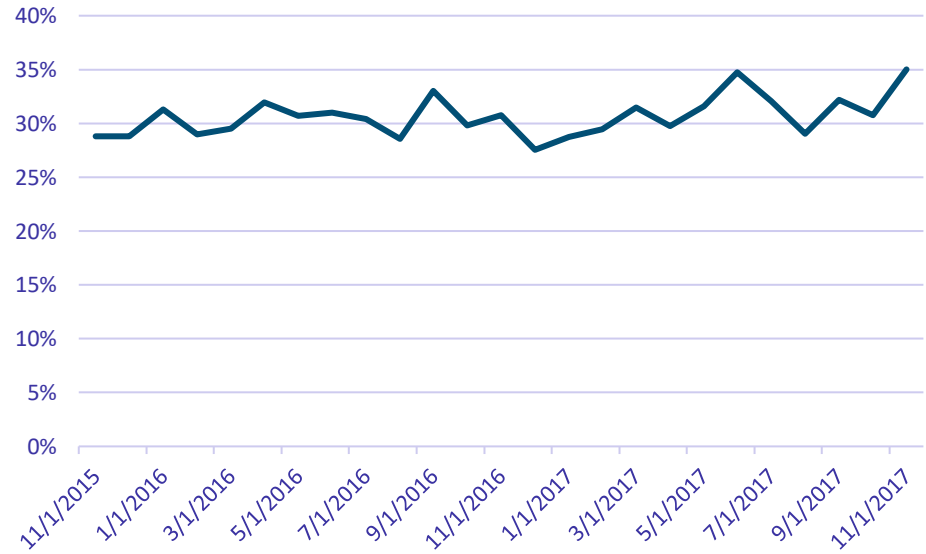


Figure 24: Percentage of investigations with new appropriate report within 12 months

ultimately discontinuing the practice of automatic reclassification of reports once the tool is functioning properly within intake and assessment departments.

29. Ensure that supervisors review every report within 24 hours

Currently, OCFS central intake supervisors report that they are reviewing full reports for those classified as inappropriate but are only reviewing summary reports for those classified as appropriate. The district supervisors are then reviewing full appropriate reports. OCFS policy states that a decision, including supervisory review, should be made within 24 hours of the initial report. As more serious reports require an immediate response or one inside 24 hours, all reports should be reviewed within 24 hours to ensure timely responses can be made.

According to MACWIS, review supervisors are more often than not able to review reports initially marked as appropriate within 24 hours but

have struggled to meet the requirement to complete a review of inappropriate reports since March 2018. While the average time for review has fluctuated greatly in the last nine months, as of September **the review of inappropriate reports was still roughly a day behind.**

During fiscal year (FY) 2018, intake staff recorded 10,924 appropriate reports and 11,602 inappropriate reports with approximately four and a half intake supervisors reading and reviewing them. At some points of FY 2018, four supervisors were employed and at other points five were employed. OCFS intake staff note that on average a report may take 2 to 30 minutes to read and review, depending on the experience of the supervisor and the complexity of the case. **In total, according to data from the RMTS, supervisors spend approximately three and a quarter hours or 41 percent of their work day reviewing reports.** This is, however, in addition to other job requirements of providing daily support to casework staff, answering case-specific questions, engaging staff in weekly 1:1 supervision time, participating in weekly unit meetings and monthly supervisor meetings, weekly duty days, and making referrals.

Since decision-making is vulnerable to biases and mental shortcuts, intake screening is susceptible to systematic errors. As previously discussed, second-level review helps mitigate this and increases accuracy in screening decisions, as well as establishing response times. Other states like Idaho³³ and Nebraska³⁴ have established these timely supervisory review processes.

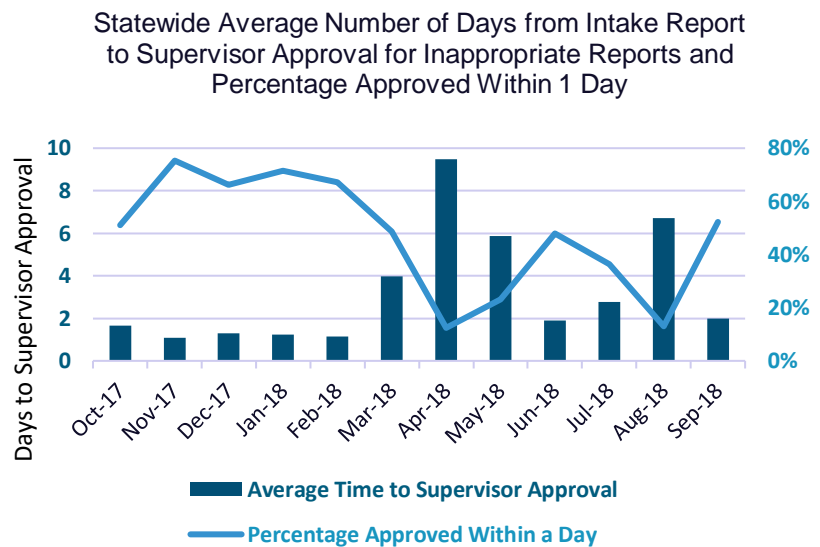


Figure 25: Days from Intake Report to Approval and Percentage Approved within 1 Day

³³ https://isc.idaho.gov/cp/manual/Idaho_CP_Manual-3rd_Edition.pdf

³⁴ http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-390/Chapter-3.pdf

Ultimately, we recommend that Intake supervisors, as the leadership of the unit responsible for screening reports, **review all reports**. We acknowledge, however, that the agency has staffing challenges and needs to prioritize its resources. We agree that the priority needs to be on answering calls, appropriately screening reports, and reviewing reports timely (even if that happens at the district level). Recognizing the latter, that timely report review is a critical job function for supervisors and an integral part of the process of starting a case down the right path, we recommend OCFS:

- Ensure that every report receives second level, supervisory review within 24 hours to ensure accurate decision-making and timely response. For inappropriate reports this will happen at intake (as well as summary-level reports for appropriate) and for inappropriate reports it will happen at the district within 24 hours of receipt. Lapse in a second-tier review or delay in completing a timely review increases risk to child safety and the department.
- **Review results from the current workload study and consider reallocation of resources to help supervisors meet job demands.** Results from the study will help OCFS to identify the extent to which additional staff might be allocated to intake and/or if job duties might be reallocated so that intake supervisors have the time available to complete this critical review process.

Practice and Policy Improvements

Assessment and Investigation

Assessment and Investigation Recommendations

The Children's Bureau cites that child protection services in every state require investigation of reports to be initiated in a timely manner, usually within 72 hours. In addition, guidance suggests, and most states require some investigations to be initiated immediately, in as little as two hours and no longer than 24 hours, when there is the

belief that the child may be in imminent danger. The Children's Bureau also states that guidelines for determining level of risk and different response times is left to individual states. Presently, in Maine, when a report contains allegations of abuse or neglect per Title 22 and the report is marked as "Appropriate" for intervention, then the necessary response timeframe is determined:

- **24 hours for high severity risk: allegations include imminent safety concerns exist, including potential occurrences of sexual abuse and/or physical abuse with injury**
- **72 hours for low-to-moderate safety risk: allegations include safety concerns, such as the potential for physical abuse and neglect to occur**

24-hr Assessment Initiation Timeliness
9/17-8/18

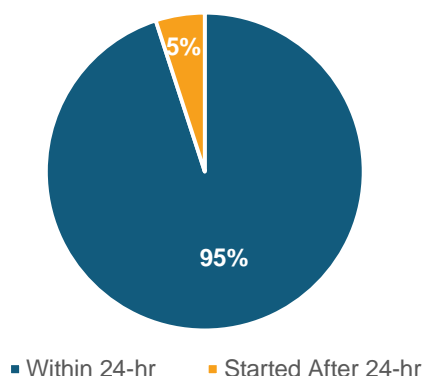


Figure 26: 24-hour Assessment Initiation Timeliness

In the 2017 Child and Family Services Reviews (CFSR), Maine received an overall rating of "Area Needing Improvement" for performance in the outcome of Timeliness of *Initiating Investigations of Reports of Child Maltreatment*, where 73 percent of cases reviewed met policy timelines. According to recent MACWIS data, assessment workers are still not always meeting the goals for timely initiation of assessments. In Maine, between September 2017 and August 2018 as shown in Figure 26, 95 percent of assessments **requiring a 24-hour response were started timely, meaning that 5 percent were started late.**

Between September 2017 and August 2018 as shown at right in Figure 27, 84 percent of assessments requiring a 72-hour response from intake approval to the initiation of the assessment were started timely. **This means that 1,088 assessments were not initiated timely during the 12-month period.**³⁵

Anecdotally, interviews with staff suggest that cases assigned to assessment prior to a weekend or holiday are often not meeting the initiation timeframes due to the delay in supervisor review and transfer to assessment. Under audit, a case will be marked as incomplete if the 24- or 72-hour timeline is not met, regardless of situation.

72 hour Assessment Initiation
Timeliness 09/17-08/18

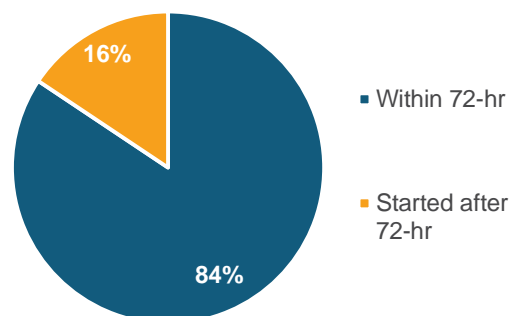


Figure 27: 72-hour Assessment Initiation Timeliness

Assessment Completion Timeliness
09/17-08/18

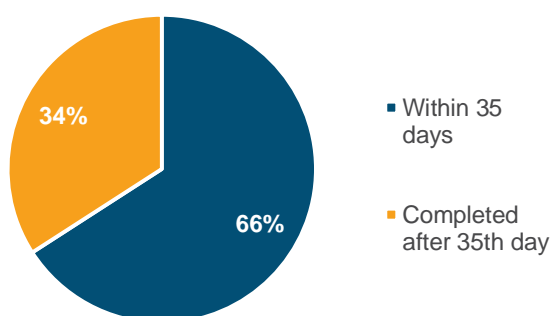


Figure 28: Assessment Completion Timeliness

According to MACWIS data, **assessment workers are not always meeting the 35-day timelines to complete assessments.** Between September 2017 and August 2018, 66 percent of assessments were completed within 35 days. The 2017 Child and Family Services Review (CFSR) also gave Maine a rating of “Area Needing Improvement” for performance in the outcome of *Risk and Safety Assessment and Management*, where only 40 percent of cases reviewed met policy timelines. Maine should aim for a 100 percent timeliness rate across all federal

measures to meet the standard of a high performing agency. To improve efficiency, practice, processes and the ability of staff to meet policy around timeframes, we recommend the following changes in assessment.

#	Recommendations
30	Tighten assessment practices to further assure child well-being
31	Maintain timeframes currently in policy
32	Improve supervisory support for assessment staff
33	Add enhancements to the kinship placement process
34	Provide additional support for administrative and investigation activities
35	Increase efficiency in accessing an authorizing agent for emergency child removal process
36	Reassess the ARP program to align with best practice and define the referral process

Table 18: Practice and Policy (Assessment) Recommendations

³⁵ Per MACWIS data analysis conducted in November 2018 for this report.

30. Tighten assessment practices to further assure child well-being

Both “well-being” and “safety” are terms that have confounded the child protection community for years. Statistically approximately 75 percent of all cases referred to the child protection system are for neglect, meaning only 25 percent of the cases are for abuse. If the narrow interpretation of safety is physical or sexual abuse, then children are safe in 75 percent of the cases. The fact is that safety has a broader meaning than those 25 percent of cases. In addition, the issue of well-being has a broader meaning than just being safe.

One of the goals of the child protection system ought to be that children are free from emotional abuse which means that they are not subject to aggressive or threatening verbal abuse, repetitive or chronic neglect, or other behavior by an adult which does not provide a safe, friendly, threatening, intimidating or dangerous environment. Often those environments for children are as damaging and as destructive, long-term, as physical or sexual abuse. That is particularly true where those behaviors are repetitive and ongoing. In addition, they are most destructive when an agency becomes involved, but the situation remains unresolved; the child is left with a sense that there will be a change in adult behavior in the home, but services unsuccessfully address those behaviors.

Many of our case reviews, while small in number, revealed the need to ensure tight policies and practices that support ensuring children are safe and their well-being is enhanced in situations that are not straight-forward abuse. In **Recommendation 28**, we make the suggestion that OCFS move away from its policy of three inappropriate reports equals an appropriate report. Both this change, as well as an overall move to having Assessment use SDM, mean that it is then left to the caseworker and supervisor to, rather subjectively (though we would contend that this can be built, somewhat, into SDM in future iterations) assess and evaluate the extent to which previous adult/parental behaviors have caused the family to again come to the attention of the agency as well as the parent’s ability to make significant changes to improve the child’s well-being. In addition, it is key to understand how/why referred services have been unsuccessful in ameliorating or changing the behaviors. ***We recommend that OCFS implement practice and culture changes that tighten practices and encourage caseworkers/supervisors to prioritize the child’s best interest; the caseworker simply must make a decision that is in the child’s best interest and be prepared to make recommendations to the supervisor and the AAG that the circumstances require a different course of action.*** The safety of the child is at risk when the services offered continued to place the child’s well-being in danger.

31. Maintain timeframes currently in policy

When it comes to initiation timeframes for investigations, states have discretion both when those timeframes start and the length of time to initiate. For Maine, the change in policy, effective December 17, 2018, changes the starting point to when intake receives the initial report of abuse as opposed to the previous policy of starting the “clock” for assessments when the report is received at the District; this change is in alignment with “best practices” across the country. However, the change in policy means shorter response times for assessment/investigations, as intake supervisors may still need to review and pass along. ***We recommend, as we are sure the department will do, close monitoring of the impact of these recent policy changes on the above timeliness figures.*** The follow-up timeframes have not changed, remaining 24- or 72-hours to initiate and 35 days to close.

Best practices, data from other states, and experts would say that the state’s 24- and 72-hour timeframes for initiating an investigation are on par with industry standards; we therefore recommend maintaining that policy. The only differentiation is that some states have a shorter turnaround for cases that require an “immediate response,” i.e., there is present danger to the child that qualifies as an emergency but may not have warranted calling law enforcement and yet requires an immediate response from the agency. States that have this shorter timeframe include Washington D.C, Pennsylvania, Indiana, Kentucky, Iowa, New Jersey, Illinois, among others. We advise further research into other states and an internal review of policy and practice on what must be completed prior to case closure. There does not appear to be a clear “best practice” but some other states

only mandate that the child and perpetrator be interviewed, and safety assessed within the initial assigned response time. **We recommend that Maine conduct further research into the practices in these other states and consider formalizing a policy requiring a 1-2-hour response time for certain allegations.** In general, these cases should be a relatively small number of assessments; data from Indiana indicates it is around five to ten percent of all assessed reports.

Data from our most recent survey of states indicates that 42 of 50 states had a time range for assessment closure of roughly 30-60 days. For the states that allow cases to go longer (or on the longer end of that range), of which there are few, some problems were noted. First, caseworkers could hold onto cases with limited activity for an extended period of time and referral to services and follow-up were not as strong as they should have been. Second, the longer caseworkers managed a case, the more of a relationship they had with the parents and children the more difficult it was to transfer the case. Finally, the longer the case was carried by the assessment worker, the more likely it was that the ongoing caseworker would reevaluate the case, sometimes resulting in contradictory or repetitive services. Because of these reasons and their impact on the family, as well as the impact on caseworker workload, **we recommend that Maine continue to utilize 35 days as their timeframe to close assessments. We recommend ensuring that:**

- Supervisors make sure that they are done in the 35-day timeframe
- There is a good transition from one caseworker to the other
- Caseworkers are encouraged to not feel obligated to keep cases for the full 35 days

32. Improve supervisory support for assessment staff

Looking closely at supervisory support for caseworkers, currently, the supervisor-to-staff ratio averages 1:6 across the state. **Supervisors spend 19 percent of their time engaged in supervision.** The percentage of time is fairly evenly split between consulting with workers (6 percent); approving or authorizing reports, assessments or other case actions (4 percent); and reviewing cases and reports (4 percent). In addition, **supervisors spend 38 percent of their time on non-case-specific work.** Acknowledging the small sample size for the case review, it is worth noting that for the cases reviewed, there were inconsistencies in supervisory leadership and support that did not ensure children were best served by the agency's involvement. In two of the cases we reviewed, the number of referrals to the hotline about the families – in one case more than 20 referrals and in another more than 30 referrals – should have resulted in a stronger concern for the safety and well-being of the children in the development of a stronger sense of urgency. While no individual referral in and of itself may have caused an immediate concern for the safety and well-being of the child, the combination of those cases should have. An experienced and trained supervisor should have raised questions about that, particularly given the length of the case and the failure to get to permanency.

It is important for staff, across the agency, but especially with the complexity and workload of assessment to have the supervisory support to help keep children safe and move them toward permanence. **Therefore, recommendations include:**

- **Expedite supervisor reviews of new reports and form an on-call team to act on off-hour reports.** Supervisors should review new reports within 24 hours of the report. If supervisors may not be available or cannot act timely on reports from intake, an on-call team should be organized to initiate contact within the 72-hour timeframe. The implementation of these measures may shift the prioritization of work for intake workers, assessment workers and supervisors, to respond more immediately. We know that resources to dedicate an on-call assessment team may not be available immediately, so we also encourage OCFS to consider alternative arrangements such as having intake approve and assign to a district-level on-call Assessment worker/team who can review and respond as needed.
- **Increase supervisor consultation during ongoing assessments to enhance the quality of risk and safety management and to oversee compliance with timeliness standards.** Supervisors are an

influential resource: their advice, counsel, mentoring, oversight and constant engagement with the caseworker about the status of the case is critical. Supervisors have authority, experience and training that should give them critical insight into policy, the practice model, and other aspects of the child protection system that they can reinforce to assist the case to a timely and appropriate conclusion. OCFS should conduct a review of assessment supervisor tasks and involvement in decision-making to determine where supervisor-to-staff consultation can be enhanced. Supervisors should be trained and challenged to meet the needs of every case, but particularly those with multiple referrals and an extended lifetime of involvement with the agency.

- **Ensure there is a robust alert system that prioritizes and tracks the clock from initial report to keep supervisors informed and alerted to initiate the assessment timely.** Technology should be used to provide constant reminders of the need for timeliness. While, CCWIS systems provide this service, OCFS should also be sure that this is implemented as a process in all offices, with oversight from supervisors and managers. Technology is only as useful as is it applied, and alert systems within any case management system can easily be ignored or overlooked in practice. The tracking and management of assessment timeframes should be prioritized and managed, using a standard practice, with training for all supervisors and managers.

33. Add enhancements to the kinship placement process

Currently the OCFS policy on safety planning is that it is only done for in-home cases. If there cannot be a plan made to keep a child safely at home, a Preliminary Protection Order (PPO) is done. While having a blanket policy to either safety plan in-home or remove a child may increase the ability of the department to ensure the safety of the child in the short-term, it does not capitalize on family efforts nor is it sensitive or respectful to the family or child.

Our recommendations are three-fold:

1. **Continue to prioritize kinship placements and conduct due diligence efforts to find family members for placement.** Research confirms that if children need to be removed from their home, they do best with kin, and that family connections are critical to healthy child development and a sense of belonging.³⁶ Helping children maintain important family connections, while still working toward the goal of reunification with parents, is in their best interest. Relatives are the preferred resource for children who must be temporarily removed from their birth parents because it maintains the children's connections with their families. In our case reviews, we found, in several instances, (though not necessarily indicative of practice overall, simply of note to encourage the tightening of practice) a failure to locate biological fathers, locate kinship placements, and engage kinship supports. In cases where children are removed from parents, the Court can sanction a placement with kinship resources, even though they may not be licensed. Also, licensing kinship resources can be expedited through one-on-one licensing training.

There are multiple benefits to children of using kinship resources related to safety. First and foremost, children know their kinship caregivers, therefore somewhat reducing the trauma involved in removal from their home. Secondly, children in kinship placements adjust better, are less likely to experience school disruptions, behavioral problems, and psychiatric disorders.³⁷ Also, their placement stability increases, which improves outcomes for the child, especially children of color. There is continuity in the community

³⁶ <https://www.aecf.org/blog/how-to-creating-a-kin-first-culture-in-child-welfare/>

³⁷ <https://www.aecf.org/blog/what-is-kinship-care/>

the child knows, therefore preserving existing connections. Kinship care also encourages reunification in an earlier timeframe and strengthens the ability of families to give children the support they need.

2. ***Institute temporary safety placements.*** There are opportunities to develop a formal process of out-of-home safety planning that meets best interest of the child. One of the more common forms of safety placements in North Carolina is a temporary safety placement with someone, usually a relative, that parents ask to temporarily care for their children to ensure their safety during assessment or during the delivery of in-home services.³⁸ It is important to note that temporary safety plans are just that: temporary. In addition, they are different than safety resources and kinship care due to the lack of Court involvement for temporary safety plans. They are also designed to be of a very short duration; they should last only as long as it takes to complete the assessment regarding whether the immediate safety concerns can be addressed and the child(ren) returned home. The literature on North Carolina's policies note that is "important to have clear guidelines and policies that outline when this should occur."³⁹
3. ***Identify and train district kinship care specialists who are able to complete expedited background checks and home evaluations for emergency placements.*** Having a process to streamline the conducting of background checks is essential for ensuring that kinship placements can quickly be found to support the best interests of the child. In addition, North Carolina reports that one of the challenges of temporary placements is that the assessments of resources can be time-consuming and tedious.

34. Provide additional support for administrative and investigation activities

Workload has become more and more of an issue particularly as it impacts caseload. Based on the preliminary findings from the most recent Random Moment Time Study (RMTS), caseworkers spend considerable time on what could be defined as "administrative tasks", with varying (by office) levels of support from clerical staff or case aids. According to preliminary findings from the most recent RMTS, support staff spend roughly 14 percent of their time on visitation supervision and transportation (8 percent and 6 percent, respectively). While these are categorized as case-specific activities, their workload is not fully designed to directly support caseworkers or include tasks such as: preparing discovery documents for court, computer documentation, referrals and other assistance. According to RMTS data, **caseworkers spend an equal percentage of time documenting their casework as they do engaging with families, children, providers, collaterals and/or others.**

One of the "administrative" functions that caseworkers are typically asked to do is to locate an absent parent, typically a father, and ultimately extended family. This is important not only for the legal requirements to engage absent parents, but also to provide additional kin resources for such things as out-of-home/relative placement; transportation to counseling, therapy or school; transportation to and provision for parental visitation, and ultimately for the possibility of permanency through kinship placement.

Child welfare processes may be delayed due to lack of information, causing conflict between the Court and OCFS and delaying permanency for the child. Courts want to see that reasonable efforts have been made to identify family members and that DHHS has investigated all avenues to track down missing information or people relevant to the child's permanency plan. Investigative work involves interviewing, safety and risk assessment, and decision-making, but it frequently also requires the raw work of tracking people down – from witnesses, to biological fathers,

³⁸ http://www.practicenotes.org/v20n1/CSPN_v20n1.pdf

³⁹ <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm> and <https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-60/man/cs1408.pdf> (pages 13-18)

to other kin. Without reasonable effort to do this investigative work, cases may be slowed by unanswered questions in court.

We, therefore, recommend OCFS:

- ***Hire detectives to assist with assessment investigations.*** OCFS should partner with a sheriff's association, local chiefs of police association, or the commander of the State Police for assistance in the request for funding of these positions. OCFS has emphasized the need for enhancing interview techniques and investigative methods, including training for critical thinking, problem-solving, and motivational interviewing. However, investigative work is time-consuming and often requires a level of skill and expertise already embodied by professionals in law enforcement. Caseworkers lack the formal training and skills to embark on the sometimes-aggressive investigative techniques that child welfare work requires to quickly and accurately locate and collect the right people and evidence needed to fully investigate a report and/or be prepared for a hearing. Police detectives have the knowledge and skills needed to track down the right people who will lead to finding someone – from a missing parent, to witness, to perpetrator. Hiring detectives who are then trained on the child welfare system and particularly the agency practice model can also assist in improving the communication and working relationships between local law enforcement agencies in the district or the county such as Sheriff, local police departments and even the State Police.

Indiana's Child Protective Services (CPS), where detectives work for the agency, have found that local law enforcement's understanding of the child protection philosophy, process and system enhances the relationship between the local CPS agency and law enforcement. That understanding, and relationship also assist the agency caseworkers in several ways:

1. It removes some of the administrative, non-social work burdens from the caseworker
 2. The hired detectives are more experienced at finding people which improves the legal aspects of the case by finding fathers at the front end rather than part way through
 3. The hired detectives are available not only to find absent parents, but to serve notice of proceedings such as hearings or subsequent filings like TPR
 4. The hired detectives are available to go with caseworkers on child removals or at other events where there is advance notice of potential problem such as caseworker visits or child and family team meetings where there is a known domestic violence issue
 5. The hired detectives can assist in training by being able to talk about interview and investigative techniques that are more law enforcement related
- ***Explore the use of support staff to alleviate any administrative work currently done by caseworkers or supervisors that, if removed from their workload, would free up time for other required casework.*** Currently support staff spend 41 percent of their time on non-case specific tasks. They spend three percent of their time on Discovery and 12 percent of their time preparing information for MACWIS or recording information in MACWIS. To make the most of caseworkers' time, support staff time should be primarily dedicated to supporting the administrative functions of casework. Best practices from other states include the use of contract and support staff to free up full-time caseworker staff. Child Protective Services in North Carolina's Buncombe County shifted all administrative work to support staff and contracted out for other services. Transportation and visit supervision are provided by contracted social service organizations, administrative assistants are responsible for all office work, and meetings are documented using electronic transcription technology. ***Maine should review the tasks performed by caseworkers on a day-to-day basis and determine how administrative tasks could be shifted from caseworker to support (with additional staff dedicated, as needed) or contract staff*** to assist in the time-consuming assessment tasks, including, but not limited to:

Task	Specifics
Child care	<ul style="list-style-type: none"> Finding openings Authorizing payment Setting up start dates and specifics of paperwork
Transportation	<ul style="list-style-type: none"> Scheduling with contract agency Notifying parents Coordinating schedules
Records	<ul style="list-style-type: none"> Transferring medical records Transferring school records
Visitation	<ul style="list-style-type: none"> Supervising (when contract slots max out)
Paperwork	<ul style="list-style-type: none"> Diligent searching Discovery preparation

Table 19: Ways Support Staff Can Relieve Administrative Burden

By allocating the work of identifying and locating the right people and places to detectives or other supportive staff, caseworkers can focus on their work of interviewing to continue their assessment and decision-making. Making additional resources available to assessment workers allows more time for the case planning and the placement needs of children and families. The addition of skilled investigative staff has been found to be successful in Indiana, where cases move along through court quicker because they do not often lack the discovery of people or evidence. Detectives employed by child protective services in Indiana have also contributed to an increase in locating kin, expanding options for placement and reducing placement delays or disruptions, providing better outcomes for children.

35. Increase efficiency in accessing an authorizing agent for emergency child removal process

Judges are notoriously difficult to reach to gain authority for the emergency removal of children. When court is not open (evenings, weekends, and holidays), it is not always clear to staff which judge is available to authorize removal of a child. In addition, child welfare staff are limited by the current police hold times (typically a 6-hour hold for children at risk of immediate harm) while they obtain signature on a PPO.

Below we detail two options for increasing efficiency of case processing around court authority:

1. **Collaborate for more immediate access to the judges in emergency situations** by working with courts to expand and structure their availability to child welfare staff
 - o Formalize the availability of judges for emergency orders by negotiating an on-call schedule or back-up phone tree with judges for emergency contact
2. **Evaluate statute to determine the ability to modernize the approval process, through email or text, with legal due process considerations** – if there is not current statutory authority, consider amending the child protection code to match the current criminal code

It is recommended by the National Council of Juvenile and Family Court judges (NCJFCJ), that courts issue speedy orders for child welfare agencies,⁴⁰ including providing off-hours coverage and access to caseworkers and

⁴⁰ <https://www.ncjfcj.org/sites/default/files/%20NCJFCJ%20Enhanced%20Resource%20Guidelines%2005-2016.pdf>

supervisors. To allow for such rotation in sparsely populated rural counties, one judge should be empowered to take emergency calls for more than one county.

“An Alternative Response includes a timely and time-limited process of gathering critical individual, family, and environmental information in order to determine: if a child is at Risk of Child Maltreatment; the impact of the Risk on the child(ren); signs of safety, signs of risk, and signs of danger; how likely it is for a child to experience maltreatment within the next six months; caregiver strengths and needs related to child safety; and to develop a plan to assist the family in keeping the children safe.”

Collaboration between OCFS and the Courts should include the establishment of a method of judicial availability for emergency orders for removal of children. This may include the establishment of a “phone tree” with on-call availability 24 hours a day, seven days a week.

Judicial availability should also address the possibility of using email or text message for authorization once the emergency order is reviewed. Further research is needed to evaluate the current local practices for other parts of the legal system, such as the criminal justice system. OCFS may present a case for this option by comparing how the current system allows for off-hours, electronic judicial search warrants, as implemented in Maine in 2012.⁴¹

3. Second, a more direct alternative is to **change legislation to use police more directly in the removal of children** – give police the authority to remove children to eliminate the need for judge’s orders in emergency removals, and/or expand the hold times allowed by police to hold children outside of the home to meet the timeframes needed by OCFS to acquire court authority for removal

In some states, such as Indiana, law enforcement is authorized with the authority to remove children and law enforcement personnel are able to transfer children to the custody of the child protection agency without the involvement of the court until their review at the subsequent hearing.⁴²

This recommendation promotes the best interest of the child by allowing communication between OCFS and police to share OCFS concerns about immediate harm and allow the police to make the safety decision for emergency removal.

36. Reassess the ARP program to align with best practice and define the referral process

According to information gathered during interviews and listening sessions, the current Alternative Response Program (ARP) policy does not clearly define the cases that should be referred to ARP versus traditional investigations. Further, the current ARP policies and practices do not align with national standards for ARP because they focus significantly on safety and risk of maltreatment. In its current state, ARP may be utilized as a way to refer low to moderate risk cases to private agencies for an investigation-like process. The United States Department of Health and Human Services states that, “The primary distinguishing feature of alternative responses is that they do not produce a formal determination of maltreatment, as investigation responses do. More generally, an alternative response may also be distinguished by using a less adversarial, strengths-based approach that gives families a role in decision-making, and a primary focus on providing services as opposed to making the case for removal of the child from the home or punishment for the parent or other perpetrator.”⁴³ Maine’s ARP policy states:

⁴¹ <http://bangordailynews.com/2012/04/05/news/state/maine-police-officers-now-will-receive-warrants-by-email/>

⁴² IC 31-34-2 Chapter 3. Child Taken into Custody <https://www.in.gov/dcs/files/4.28%20Involuntary%20Removals.pdf>

⁴³ <https://aspe.hhs.gov/system/files/pdf/204981/DifferentialResponse.pdf>

Maine's ARP policy focuses on information gathering regarding the presence, or risk, of child maltreatment as opposed to focusing more on a family-involved approach to help address the child(ren) and family's immediate needs and provide the appropriate services. Maine's policy does align with the national standard in its reference to identifying caregiver strengths and (not outlined above) in the fact that ARP services do not result in maltreatment findings.

The table below outlines the less adversarial policy language used in other States to describe their alternative/differential response programs. The policy examples presented here additionally describe how alternative/differential responses differ from an investigative pathway; a distinction currently lacking in Maine's ARP policy.

State	Policy
Arkansas	<i>"Differential Response (DR) is a family engagement approach that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. The goals of Differential Response are to prevent removal from the home and strengthen the families involved."</i> ⁴⁴
Illinois	<i>"Differential Response recognizes that there are variations in the severity of reported maltreatment and allows for an investigation or family assessment response to reports of child neglect. Both responses focus on the safety and well-being of the child; promote permanency within the family whenever possible; and recognize the authority of child protection to make decisions about protective custody and court involvement when necessary. An investigation response involves gathering forensic evidence and requires a formal determination regarding whether there is credible evidence that child maltreatment has occurred. A family assessment response involves assessing the family's strengths and needs and offering services to meet the family's needs and support positive parenting."</i> ⁴⁵
Missouri	<i>"The Family Assessment response should embody the "Family-Centered Services" approach which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means that resources, which have traditionally been expended on one family member, are more wisely invested in treating and strengthening the entire family. The family-centered approach places greater responsibility on, and confidence in, families and local communities. Therefore, our foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement."</i> ⁴⁶
North Carolina	<i>"MRS [Multiple Response System] in North Carolina was born out of the realization that not all Child Protective Services reports require the same approach. The implementation of MRS allows county departments of social services a choice between the traditional investigative track and the family assessment track in responding to selected reports of neglect and dependency. The premise behind the development of the family assessment track is that families can be better served, and children more effectively protected, when the focus is on building partnerships with families rather than taking a more authoritarian approach. The family assessment track identifies family strengths, support systems, and community services that will assist families in acquiring the resources and developing the skills they need to safely care for their children and reduce the risk of future maltreatment."</i> ⁴⁷

⁴⁴ <https://www.sos.arkansas.gov/uploads/rulesRegs/Arkansas%20Register/2014/dec2014/016.15.14-008.pdf>

⁴⁵ [https://www2.illinois.gov/dcf/search/pages/results.aspx?k=differential%20response#k=300.45\(e\)\(1\)](https://www2.illinois.gov/dcf/search/pages/results.aspx?k=differential%20response#k=300.45(e)(1))

⁴⁶ <https://dss.mo.gov/cd/info/cwmanual/section2/ch5/sec2ch5sub2.htm>

⁴⁷ <https://www2.ncdhhs.gov/dss/mrs/docs/MRS-SOC%20Policy%20Brief.pdf>

State	Policy
Wyoming	<i>"The Prevention Track is to help families access available services to prevent possible abuse and/or neglect and prevent problems from escalating to a level where assessment or investigative services are required. When preventive services are deemed appropriate by the Department of Family Services (DFS), they may be provided if the family voluntarily accepts assistance."</i> ⁴⁸

Table 20: Alternative Response Policy Language from Other States

With approximately seven percent of reports being referred to ARP over the past year, it is clear the service is utilized as an integral part of Maine's child welfare system. Current policy for ARP, however, does not clearly define which cases should be referred to ARP. Maine's ARP policy lists signs of safety, risk, and danger, but the policy does not actually state any specific referral criteria for ARP. There is some concern, and anecdotal evidence to support it, that instead of clear criteria driving the referral process, district, office, and staff workload may influence whether or not a case is referred to ARP. This is especially concerning since ARP services do not result in findings, but OCFS investigations for similar referrals do.

Some States are very specific in policy about which cases should or should not be referred to a non-investigative track. For example, Arkansas' differential response policy explicitly lists which reports are appropriate or inappropriate for this response pathway:

⁴⁸ <https://drive.google.com/file/d/0B6DSpyyE-UESUE5VYWxzTIlzM1k/view>

(ARKANSAS) “DIFFERENTIAL RESPONSE ELIGIBILITY CRITERIA

All of the following factors must be present for a report to be assigned to Differential Response:

- A. Identifying information for the family members and their current address or a means to locate them is known at the time of the report*
- B. The alleged perpetrators are parents, birth or adoptive, legal guardians, custodians, or any person standing in loco parentis*
- C. The family has no pending investigation or open protective services or supportive services case;*
- D. The alleged victims, siblings or other household members, are not currently in the care and custody of Arkansas Department of Children and Family Services or wards of the court;*
- E. Protective custody of the children has not been taken or required in the current investigation; and,*
- F. The reported allegations shall only include:*
 - 1. Inadequate supervision*
 - 2. Inadequate food*
 - 3. Inadequate clothing*
 - 4. Inadequate shelter*
 - 5. Educational neglect*
 - 6. Environmental neglect*
 - 7. Lock out*
 - 8. Medical neglect*
 - 9. Human bites*
 - 10. Sprains/dislocations*
 - 11. Striking a child age seven or older on the face*
 - 12. Striking a child with a closed fist*
 - 13. Throwing a child*

The following circumstances involving the allegations prohibit the report from being assigned to a Differential Response pathway:

- A. Inadequate supervision reports involving a child or children under the age of five or a child five years of age and older with a physical or mental disability which limits his or her skills in the areas of communication, self-care, self-direction, and safety will be assigned the investigative pathway.*
- B. Educational neglect reports involving a child that was never enrolled in an educational program.*
- C. Environmental neglect reports involving a child or children under the age of three; and those situations in which the hotline assesses an immediate danger to the child’s health or physical well-being based upon the severity.*
- D. Lock out reports involving a child or children under the age of ten; and those situations in which the hotline assesses an immediate danger to the child’s health or physical well-being based upon the severity.*
- E. Medical Neglect reports involving a child or children under the age of 13 or a child with a severe medical condition that could become serious enough to cause long-term harm to the child if untreated will be assigned the investigative pathway.*
- F. Reports of human bites, sprains/dislocations, striking a child age seven or older on the face, striking a child with a closed fist, and throwing a child when these allegations occurred:*
 - 1. Less than one year ago; and/or,*
 - 2. If the caller to the hotline can verify an injury either through physical signs (e.g., scarring), medical information, dated photographs, etc.”*

Wyoming similarly includes clear criteria in their policy regarding which cases should be referred to their non-investigative services program, entitled “The Prevention Track”:

In Wyoming, “A family is eligible for preventive services when a referral has been received where there are no allegations of abuse and/or neglect, but there are identified risk factors that indicate the need for services to prevent abuse and/or neglect and the family voluntarily accepts services.

Identified risk factors include, but are not limited to:

- *Prior open case(s);*
- *Parent(s) and/or caretaker(s) inability to hold a job and is showing signs of stress;*
- *Parent(s) and/or caretaker(s) has a past or current alcohol and/or drug problem that is unresolved;*
- *Parent(s) and/or caretaker(s) is showing signs of stress or being over-whelmed;*
- *Child(ren)/youth’s unaddressed behavioral issues are causing increased stress for the parent and/or caretaker;*
- *Parent(s) and/or caretaker(s) has past or current mental health problem that is not being addressed through community services;*
- *Parent(s) and/or caretaker(s) is using ineffective or age inappropriate discipline methods and is showing signs of increased agitation;*
- *A pregnant woman is using drugs/alcohol; and/or Domestic violence situation where the child(ren)/youth is not present, and the child(ren)/youth is not showing behavioral or emotional trauma.”*

With ARP impacting a considerable percentage of cases, it is of the utmost importance that policy is clear and concise, the referral criteria is explicit, and the practice is consistent and implemented with fidelity across provider agencies. Therefore, ***we recommend the following:***

1. ***OCFS should clearly align program practice and policy.*** In its current use, ARP is a mix of privatized investigative services used to mitigate district workload and alternative/differential response services post-OCFS investigation. It should be clear what the purpose of ARP is and who qualifies for the service.
2. ***ARP should be updated to better align with alternative/differential response programs throughout the US.*** The “*Differential Response Implementation Resource Kit*,” developed by Casey Family Programs, would provide a useful starting point for consideration.⁴⁹

Once a clear direction has been set forth, OCFS should:

- ***Specifically, and clearly define which circumstances should lead to an ARP referral.***
- Presently, there are no real consequence and/or action taken when the family repeatedly refuses to comply or follow-up on any referrals. As part of the new process, ***OCFS should define the process by which the agency is notified if a family fails to comply*** and a case is *not* closed if closure is dependent upon compliance.
- ***Retrain staff as needed and ensure consistent implementation and compliance with practice standards across provider agencies.***

⁴⁹<http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/can/DR/Documents/Differential%20Response%20%28DR%29%20Implementation%20Resource%20Kit--May%202014%5B1%5D.pdf>

- **Monitor metrics to ensure success.** Going forward, as is part of the culture of OCFS, we recommend continuing to monitor key metrics to evaluate the effectiveness, consistency, and impact of the change to ARP. Key measures would include:

Metric
• Reports referred to ARP each month
• Subsequent appropriate report within 3 months of the original ARP report
• 72-hour initiation timelines
• Conduct periodic case record reviews to ensure quality and fidelity across provider agencies

Table 21: Key ARP Metrics

To begin the process of measuring these metrics, the first two bullets in Table 21 were measured using data in MACWIS. Figure 29 displays the percentage of new reports which were referred to ARP each month. The percentage of ARP reports steadily lowered from nine percent in November 2017 to four percent in June 2018 before increasing back to the original nine percent in the following three months.

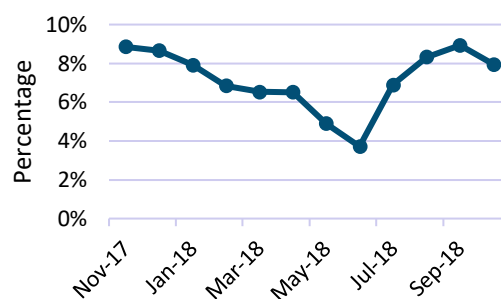


Figure 29: Percentage of New Reports Referred to ARP

Figure 30 investigates the percentage of those new ARP reports which receive a subsequent appropriate report within three months of the original ARP report. Prior to January 2018, typically 15 percent of families referred to ARP received a new appropriate report of abuse or neglect; starting in January 2018 and beyond, roughly 40 percent of families referred to ARP received a subsequent appropriate report. These timeframes coincide with the updated policy around what qualifies as a new appropriate report. Additionally, there appears to be no significant correlation between the percentage of new ARP reports and the percentage of ARP referrals with a subsequent appropriate report.

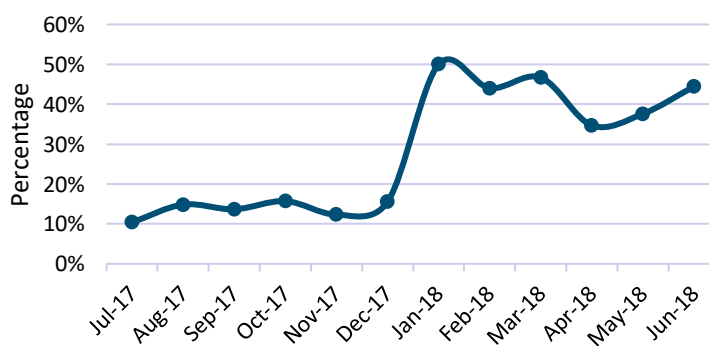


Figure 30: Percentage of ARP Referrals with a Subsequent Appropriate Report

Training and Professional Development

Training and Professional Development Recommendations

High staff turnover and a large influx of inexperienced staff make this a critical opportunity for Maine to focus on staff growth and development to promote agency tenure. OCFS provides a fairly robust course of training to new staff, but there are some areas where additional focus is required. PCG has identified several recommendations that can help OCFS align these training offerings with national best practices and make the most effective use of the tools already in place. As part of the *Quick Wins* memo created during this project, PCG recommended that OCFS formalize an ongoing training management plan for future implementations, and suggested key components that should be included in that plan. Those components include multiple methods of communication, the provision of “learning on demand” trainings, ongoing “refresher” trainings, and a regular schedule for trainings so that staff can manage their time effectively. Implementation of the recommendations in this section should include these components, and, whenever possible, should utilize multiple formats, including in-person, classroom training, and online trainings, to best meet the needs of staff in terms of access and preferred learning style.

#	Recommendations
37	Build on supervisory tool to promote growth and professional development of staff
38	Align new caseworker trainings and training techniques with national best practices
39	Ensure that intake supervisors and staff are properly trained to identify high-risk cases
40	Use quality assurance process to support agency policy and practice model and training needs

Table 22: Training and Professional Development Recommendations

37. Build on supervisory tool to promote growth and professional development of staff

OCFS has developed and implemented a supervisory tool, but it is currently read as and is being used more like an audit or quality control (QC) tool. The expectation is that supervisors will review cases and complete a checklist to ensure that all required actions were taken. This tool is useful but can limit dialog and narrow the focus of supervisory check-ins to a discussion of which actions were taken. There is space provided for comments or action steps, but no explicit opportunity to explain why or why not something was done, no consolidation of common issues or errors across multiple cases, no way to document issues that are not case-specific, and no formal opportunity to use the results to drive professional development activities with staff. The singular focus on and use of the tool in supervisory meetings may be taking away from other opportunities to build staff capacity to address agency needs.

OCFS policy II. E., Standards for Supervision in Child Welfare, states,

“Effective supervision is based on a supervisor/caseworker relationship that promotes continuous learning and facilitates professional growth and development through self-reflection and identification of strengths and challenges.”

In contrast, caseworkers and supervisors alike noted in listening groups and on-site observations that weekly supervision is not consistently happening. Some supervisors are better able to meet weekly supervision standards, whereas others admitted to only speaking to their staff every few weeks on a formal basis, though they had conversations with most staff daily. No supervisors or caseworkers were able to say with any confidence that professional development was ever part of their supervision time. Results from PCG's survey of OCFS staff indicate that 32 percent of caseworkers surveyed felt that they needed more focused time with their supervisor to talk about cases. Thirty-four (34) percent of supervisors felt that additional focused time was needed with both peers and supervisors to talk about common issues, pointing to a need for more consistent and focused supervisory meetings as well as regular discussions between staff at the same level.

The National Child Welfare Resource Center for Organizational Improvement suggests a few best practices to support administrative roles of staff, and in turn, support agency goals:⁵⁰

- Develop tools to help supervisors talk with workers about specific indicators related to outcomes
- Support ongoing professional development of staff, including:
 - Offering staff opportunities to participate in trainings and conferences to expand knowledge of best practices and changing trends
 - Implementing consistent, supportive supervision

In addition, the National Association of Social Workers' *Best Practice in Social Work Supervision* report states that regular supervision "decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that complement their success and encourage self-efficacy."⁵¹ In other words, people are less likely to leave jobs where they feel valued and competent and more likely to invest themselves into doing a better job. **Regular supervision that includes time for discussion around skill building and professional development is crucial for training a strong, knowledgeable, stable workforce.**

Along with shifting some of the focus of supervisory meetings to professional development, supervisors should use the supervisory tool to identify areas of concern. The results of these case reviews can be used to create opportunities for staff to address any performance shortcomings while also expanding their knowledge of policy and practice. For example, negative patterns detected in case reviews should lead to recommended activities on the part of the caseworker, whether it be a formal training or a more informal follow up exercise developed with the supervisor to help address the issue. ***OCFS should either modify the current tool or create a companion tool to compile and analyze the results of the current tool to help supervisors and caseworkers address bigger picture issues that cut across cases and caseloads.*** Either way, it is important that supervisors prioritize coaching and mentoring with caseworkers at least twice a month to make the best use of the data generated by the supervisory tool and any modifications that are made to it. Coaching and mentoring can take many forms; OCFS should review national best practices and develop a structure and toolkit for supervisors that is most appropriate for the organization. Additional information on best practices and trainings for supervisors themselves can be found in **Recommendation 39**.

⁵⁰ <http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters6.pdf>

⁵¹ <https://www.socialworkers.org/LinkClick.aspx?fileticket=GBrLb4BuwI%3D&portalid=0>

Case reviews are an important part of supervisory oversight, but supervisory check-ins with staff should not focus solely on the supervisory tool. Making even a minimal amount of time available to discuss professional development could make a major difference in the perception of these meetings by staff. One common rule of thumb for conducting supervisory meetings or “one on ones” is the “10/10/10” guideline – that is, 10 minutes for the staff member’s issues or concerns, 10 minutes for the supervisor’s issues or concerns, and 10 minutes to discuss future plans or next steps.

One common rule of thumb for conducting supervisory meetings or “one on ones” is the “10/10/10” guideline – that is, 10 minutes for the staff member’s issues or concerns, 10 minutes for the supervisor’s issues or concerns, and 10 minutes to discuss future plans or next steps.

discuss future plans or next steps. These timelines need not be set in stone, but they do provide an opportunity for two-way communication on both sides of the meeting, rather than a complaint session or a review of everything that the employee has done wrong since the last meeting. Ensuring that supervisory sessions are more than a review of the supervisory tool can pay dividends in terms of employee satisfaction, performance and productivity.⁵²

The Department must ***ensure that supervisory meetings are used to develop opportunities for learning and improvement, and that frequent, routine supervision that allows time for professional growth, and not just case reviews, is a priority for every manager in a supervisory role.***

38. Align new caseworker trainings and training techniques with national best practices

New OCFS child welfare caseworkers are required to complete the “Foundations” training as soon as possible after hire. This classroom training is offered by the department five times per year and spans 12 weeks. It covers the following topics:

Topic	Subtopics
Technology	<ul style="list-style-type: none"> Using the technology provided by OCFS to carry out job tasks and duties
Introduction	<ul style="list-style-type: none"> Introduction to OCFS, Laws, Policy, Practice and dynamics around child abuse and neglect Domestic Violence Substance Abuse Medical Indicators of Child Abuse and Neglect Parents as Partners
Assessment/ Interviewing	<ul style="list-style-type: none"> Intake process Child protective assessment process Forensic Interviewing & Assessment Simulation Decision making around child abuse and neglect findings
Service Cases	<ul style="list-style-type: none"> Family Team Meetings & mock FTM Service cases Family Plan Removing youth from their homes and what they need while in custody Maine Coalition Against Sexual Assault (MECASA) Human trafficking and the Child Advocacy Centers (CACs) Youth Panel
Permanency Cases	<ul style="list-style-type: none"> Resource Parent Panel Family Team Meetings (facilitated) Court process – what is involved during a permanency case when children are in custody

⁵² <https://hbr.org/2016/08/how-to-make-your-one-on-ones-with-employees-more-productive>

(children in care)	<ul style="list-style-type: none"> • Working with resource parents • Reasonable and prudent parenting • Child plan • School issues for youth in foster care • Developing a family plan and continued Family Team Meetings (FTMs) • Being the guardian for children in care • Family Reunification and other permanency options
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Table 23: Foundations Topics

New hires also work directly with trainers to go over some of the other things that they need to know to do their jobs, such as the roles of other OCFS staff, how to access additional online trainings, and how to access the policy website.

In addition to Foundations, the New Worker Checklist includes activities that must be completed prior to assigning cases to a new caseworker. These include job shadowing for assessments and hearings, review and discussion of various types of petitions and assessments, review of fact-finding interviews associated with these assessments, and attendance at a Family Team Meeting (FTM). Another layer of training must be completed within six months of hire, including legal training and an introduction to the Indian Child Welfare Act; additional assessment and job shadowing activities and trainings are required over the course of the first year of employment.

The training included in Foundations and these related activities is substantial and appears to be appropriately specific to job activities and in alignment with best practices, in terms of content. However, OCFS staff indicated in discussions that these activities were not particularly helpful, and that new hires didn't really learn much until they were able to spend a significant amount of time in their district office. This is partially due to the differences that exist in the way practice is implemented in district offices across the state, as different offices do things differently to address challenges posed by staffing, caseload, and the geography of their region. Caseworkers and supervisors also felt that in some cases, a classroom environment is not the best preparation for child welfare fieldwork, where situations change and develop quickly, and a caseworker is often forced to rely on their experience, or to make decisions on the fly, to address an emergency or other unforeseen circumstance.

ACF's Children's Bureau suggests that training for new caseworkers focus on the following areas:

- Family-centered practice
- Child abuse prevention
- Child protective services
- Family support and preservation
- Kinship care
- Out-of-home care
- Reunification
- Permanency planning
- Adoption

The Children's Bureau further recommends that training be "tied to supervision; tailored to worker needs; and includes opportunities for experiential learning, shadowing, and coaching."⁵³ California has recently revamped its training for child welfare workers, which it calls "Common Core 3.0." Each element of the list above is addressed through a combination of online modules, in-person/classroom trainings, and field activities. This reduces the time that staff need to be away from their offices in a classroom environment, while also providing opportunities to learn in several different ways.⁵⁴ In a study conducted by Boston University, it was found that training that was primarily

⁵³ <https://www.childwelfare.gov/topics/management/training/curricula/caseworkers/core/>

⁵⁴ <https://calswec.berkeley.edu/common-core-social-workers/100-curricula>

knowledge-based, without the opportunity to apply what is being taught, causes frustration on the part of learners and can lead to negative outcomes. On the other hand, interactions with mentors and performing an activity in situations that are similar to what caseworkers are likely to encounter on the job are among the factors that lead to transformative learning.⁵⁵

PCG reviewed the training practices of 11 jurisdictions that received “strength” ratings for both initial and on-going staff training in round 3 of the Child and Family Services Review (CFSR). Available information about the activities of these ten states and Washington, D.C., across the three main categories of staff training are included in the table below. Of note, a number of these states provide some training in-house, while contracting out other elements. In most cases, continuing education courses with proper certification are accepted regardless of the provider or format, except in the case of a training that is specific to a new policy, program, or tool being implemented by a state.

Training Level	Jurisdiction	Details
Pre-Service Training	Kansas	<ul style="list-style-type: none"> • New hires complete 8 module course offered quarterly • Expected completion time is 3-6 months • Modules include classroom, laboratory, and workshop learning • Training developed by Institute for Human Services • Pre-service trainings are provided in-house
	Washington, D.C.	<ul style="list-style-type: none"> • Provides 101 hours of classroom training that can be completed within 14 days • Next, new hires complete 4-6 weeks of simulation with monitoring and assessment by training supervisors • After completing simulation, new hires have another 4-6 weeks of on the job training, including job shadowing • Pre-service trainings are provided in-house
	Nebraska	<ul style="list-style-type: none"> • Training formats include classroom, self-paced online courses, live webinar trainings, field training, computer laboratory training, videotaped practice and simulation, and supervisor mentoring • Pre-service trainings are provided by the University of Nebraska-Lincoln under contract
	Florida	<ul style="list-style-type: none"> • Initial 5-week training requirements include: <ul style="list-style-type: none"> ○ 9 classroom modules ○ 5 laboratory courses ○ 4 structures field trainings ○ A readiness assessment ○ Job-specific training, followed by competency exam administered by a third-party credentialing entity • Full certification requires 1040 hours of on-the-job experience and 46 hours of direct supervision. • Pre-service trainings are provided by the University of South Florida
	Wyoming	<ul style="list-style-type: none"> • 4 weeks of core training is provided 4 consecutive months • 12 months of field work supervised by a Certified Supervisor or District Manager is required for certification • Both of these activities must be completed during a worker’s first year • Core training is provided internally, although subject matter experts both internal and external to state government may provide training on certain topics
	All	<ul style="list-style-type: none"> • Total required hours vary from 20-30 per year, depending on the level of staff (supervisors vs. case-carrying staff)

⁵⁵ http://www.bu.edu/ssw/files/pdf/BUSSW_CSReport21.pdf

Inservice Training/Continuing Education		<ul style="list-style-type: none"> Some provide training in-house, others utilize contracted/partnered training providers
	Wyoming	<ul style="list-style-type: none"> All caseworkers and supervisors must recertify annually with 21 hours of continuing education spread across 3 categories covering APS, CPS, and Juvenile Justice Trainings may take the form of in-person sessions, self-study, or college courses. The state also coordinates: <ul style="list-style-type: none"> Regular conference calls for caseworkers to share experiences Bi-annual two-day overview trainings An annual Children's Justice Conference
Supervisor Training	All	<ul style="list-style-type: none"> Training on supervisory functions often uses externally developed curriculum such as "Mastering the Art of Child Welfare Supervision" or the "Supervising for Success" curriculum developed by the Child Welfare League of America Some states allow for enrollment in continuing education courses Kansas, Arizona, and Washington, D.C., train supervisors in-house New Jersey collaborates with Rutgers University and Stockton University to develop and provide supervisor training
	Kansas	<ul style="list-style-type: none"> Additional supervisor learning opportunities are available via quarterly meetings and an annual themed conference, with presentations on a wide range of topics The creator of the "Mastering the Art of Child Welfare Supervision" curriculum was retained by Kansas to train Department for Children and Families supervisors

Table 24: Training Practices of 11 Jurisdictions that Received "Strength" Ratings

The Foundations training provided is heavily focused on classroom training. To supplement that classroom training and achieve further alignment with national best practices, **OCFS should implement more experiential training components into new hire training.** This could include additional interactive components such as online trainings and should also include modules that are conducted in district offices if at all possible. While job shadowing is a component of training that follows Foundations, staff and supervisors have expressed that it can be difficult for staff to connect their classroom training to their work until they are able to put it into context. Some classroom instruction should be retained, but trainings that engage new caseworkers in the work of their district office as soon as possible should be explored.

39. Ensure that intake supervisors and staff are properly trained to identify high-risk cases

Cases reviewed by PCG indicated that supervisory leadership and support did not always ensure that the child/children were best served by the agency's involvement. In two of the cases the number of referrals to the hotline about the families — in one case more than 20 referrals and in another more than 30 referrals — should have resulted in a stronger concern for the safety and well-being of the children and in the development of a stronger sense of urgency. While no individual referral in and of itself may have caused an immediate concern for the safety and well-being of the child, the combination of those cases should have — an experienced and well-trained supervisor should have raised questions about these cases, particularly given their duration and the failure of the cases to get to permanency.

Intake staff, supervisors and caseworkers need on-going opportunities for skill development through training, coaching, and over-the-shoulder support. Currently, OCFS doesn't offer specialized training for intake staff, though there are now more general trainings offered that are available to them (e.g., writing skills and how to handle difficult callers). Intake staff participate in the same pre-service training as all other new

caseworkers; most of the additional training is provided by staff and supervisors in the unit. While intake leadership has developed different training tools to assess phone-readiness and intake concepts, the agency could

In Tennessee, for example, screening staff are provided quick-hit trainings at every team meeting covering a variety of pertinent or refresher topics. They are also offered job-specific, brief 30-minute trainings as part of each unit's monthly team meeting.

benefit from more intake-specific new worker and on-going trainings. In Tennessee, for example, screening staff are provided quick-hit trainings at every team meeting covering a variety of pertinent or refresher topics. They are also offered job-specific, brief 30-minute trainings as part of each unit's monthly team meeting.

Perhaps the single most influential element in the case when called into the hotline is a supervisor. Whether that supervisor is supervising the hotline, the in-home cases such as ARP, or further court/out-of-home contact with the family, the supervisor's advice, counsel, mentoring, oversight, and constant engagement with the caseworker about the status of the case is critical. Supervisors have the authority, experience and training that should give them critical insight on policy, the practice model, and other aspects of the child protection system within the agency that they can reinforce the statutory, policy and other considerations that can assist the case to a timely and appropriate conclusion.

We recommend OCFS adopt the brief, unit-meeting training schedule in addition to its current training opportunities offered for ongoing professional development. This schedule should include sessions on the following topics:

1. Determining immediate risk
2. Gathering information efficiently
3. Handling emergency situations and caller stress
4. Coaching
5. SDM refresher
6. Employing frameworks for practice: cultural competence, strengths-based, ecological perspective, and others

During these sessions, it is important that staff can ask questions and engage in discussion with presenters and each other. Results from PCG's staff survey indicate caseworkers and supervisors would both like additional time to discuss common issues, and an interactive training session could help address that concern while providing an additional opportunity to refresh skills.

Supervisors across the agency, being so critical to the successful implementation of the mission, vision, values, policy, practice and outcomes of the agency, must also receive more specialized training so that they are able meet the needs and challenges of every case, particularly those with multiple referrals and extended involvement with OCFS. In addition to the need for supervisors to have a strong understanding of policy, process, and procedure across agency units, they must also receive training that helps them to develop their supervisory

skills, including effective management, supervisory styles, interpersonal skills, and clinical supervision.⁵⁶ The National Child Welfare Workforce Institute has developed a competency framework that includes all levels of a child welfare organization, including supervisors and managers. The framework includes five domains, each of which includes several core competencies; indicators of each competency that are appropriate for each level are included as well. As an example, the first domain, Leading Change, includes the following competencies:⁵⁷

Competency	Indicators for Supervisors
Creativity and Innovation	<ul style="list-style-type: none"> • Reevaluates current procedures and suggests improvements to ensure an effective, streamlined process • Creates a quality control system to monitor unit processes • Encourages and recognizes creativity in work unit • Considers innovative ideas generated by others
External Awareness	<ul style="list-style-type: none"> • Keeps up to date by attending key meetings hosted by other agencies or organizations • Keeps abreast of developments in other parts of the organization • Assesses external environment and helps facilitate improved relationships • Communicates to outside agencies the agency's mission and its role in the child and family service system • Participates on boards of regional and local agencies
Flexibility	<ul style="list-style-type: none"> • Meets with team to adjust and coordinate schedules to accommodate all team members • Adjusts staff assignments based on feedback and workload priorities • Helps staff manage crisis situations
Strategic Thinking	<ul style="list-style-type: none"> • Participates in agency strategic planning • Completes assigned activities and tasks in the strategic plan • Obtains feedback from workers and stakeholders to continuously assess performance and inform strategic planning • Conducts unit-level planning to translate agency goals into unit-level strategic plans
Vision	<ul style="list-style-type: none"> • Meets with staff to address concerns about new organizational structure • Develops and generates support for work group vision

Table 25: Child Welfare Competency Framework

These indicators reflect a role that is much more aligned with management than with front-line staff, and the training and support resources made available to supervisors should reflect this. A Casey Family Programs brief strengthening quality supervision highlights a number of ways that child welfare agencies can support supervisors, including making sure that supervisors themselves have regular supervisory meetings with the person that they report to, providing coaching to supervisors around the implementation of new initiatives, and providing materials that supervisors can use to support the on-the-job training of their own staff of caseworkers.⁵⁸ Iowa's Department of Human services has done this by creating a "Supervisor Developmental Planning and Support Toolkit" that includes many of these elements, as well as a supervision manual with forms and templates that supervisors can use in their meeting with staff. The training resources made available to staff and supervisors in several other states are included in Table 26 below.

⁵⁶ <https://www.childwelfare.gov/topics/management/training/curricula/supervisors>

⁵⁷ National Child Welfare Workforce Institute (2010). *Leadership competency framework*. Albany, NY: McDaniel, Nancy, et al.

⁵⁸ <https://www.casey.org/what-are-preliminary-building-blocks-to-strengthen-quality-supervision/>

State	Training Program
Wisconsin	A partnership with the University of Wisconsin – Madison develops curriculum and provides training to all child welfare caseworkers and supervisors. Supervisor training curriculum has topics including orientation and foundation, safety training, and additional continuing professional development trainings. Their curriculum includes job-specific supervision skills training in Wisconsin’s child welfare units of initial assessment, ongoing services, foster care, youth justice, American Indian Tribes.
Indiana	Training is provided for Department of Child Services (DCS) staff and foster and adoptive parents primarily through a partnership between DCS and Indiana University, including new supervisor training and quarterly supervisory workshops
Virginia	All CPS, Foster Care, and Adoption workers are mandated to complete initial in-service training programs. This program is also mandated for all new supervisors and those with less than two years of experience.
New York	Each child protective service worker, including supervisors, must pass a basic training program in child protective services within the first three months of his/her employment in the child protective service.
Pennsylvania	The University of Pittsburgh provides training for all county child welfare case managers and supervisors and employs all Resource Center employees.

Table 26: Examples of Supervisor and Caseworker Training in Other States

OCFS has offered trainings specifically for child welfare supervisors in the past, including the “Putting the Pieces Together” course and the Leadership Academy for Supervisors, that include many of these elements. **OCFS should continue to offer these to current supervisors, and look to integrate new supervisors into these, or similar trainings, as quickly as possible after they are hired or promoted.** New supervisory staff are required to complete the “Managing in State Government” training offered by DHHS but would benefit from child welfare specific training now. Enhancing the capacity of supervisory staff will enable them to more effectively manage caseworkers while utilizing their expertise to identify cases that may need additional attention.

40. Use quality assurance process to support agency policy and practice model and training needs

Quality assurance has been in the child protection dialogue for decades. The issue is not just developing a policy manual and a practice model but ensuring that the vision, mission, policy and practice are taught, nurtured and followed. This is known as keeping fidelity with the model.

The current practice of the federal government through its CFSR program is a method of implementing the quality assurance process that compares jurisdictions throughout the nation. Each agency should develop its own quality assurance model that identifies the practice of each caseworker, unit, county and district for fidelity to the model and identification for additional support and resources.

The best way to assure fidelity not only for each case, within each unit, within each county and district, but within the agency itself is to have a strong quality assurance program. To do that, dedicated staff must be available to ensure through a rigorous process that the requirements within the practice model that support and reinforce the vision and mission of the agency are the guiding tenants of the agency’s practice. It is not sufficient that this be done only internally because quality assurance is not just assuring that the agency itself is in compliance with its vision, mission and practice but that the service provider community and stakeholders understand, support and enforce the agency’s model.

OCFS has a number of QA staff, both at the central office and assigned to each district, who have experience across the array of services that the agency provides. **OCFS should ensure that QA staff, and their feedback,**

are part of the training development and continuous improvement process. QA staff are uniquely positioned to understand the way that policy, practice, and process intersect, and collectively can use this understanding to identify training needs. QA staff can also provide feedback on the effectiveness of trainings, in terms of the issues that they identify in their reviews over time. Training for caseworkers is not static but dynamic, and must respond to the needs of caseworkers, clients, and the changing environments within which they both must operate. The quality assurance process can provide feedback at a high level that can be used to increase the capacity of staff to serve children and families in a consistent manner.

Court

Court Recommendations

Since 1937, the National Council of Juvenile and Family Court Judges (NCJFCJ) has worked continuously to develop national best practice standards for child welfare work in the courts.

Following are some of the practice improvements recommended by the original resource guidelines and implemented by courts:

- Substantive and thorough child abuse and neglect hearings
- One family-one judge case assignment and calendaring
- Individual and time-certain calendaring
- Implementation of strict no-continuance policies
- Dissemination of copies of orders to all parties at the end of the hearing
- Setting the date and time of the next hearing at the end of the current hearing
- Frequent court review with enforcement of established timeframes
- Judicial leadership both on and off the bench to improve case processing and child welfare outcomes
- Front-loading of the case process – substantive preliminary protective hearings, early appointment of counsel for parents and children, the use of pre-hearing and pre-trial conferencing, early alternative dispute resolution, early identification of services to children and families
- Development and use of family group conferencing and child protection mediation
- Strong and effective collaborative relationships and collaborative action among all aspects of the court and child welfare system
- Monitoring of the effectiveness of the system through the development of data information systems specifically focused on dependency case processing and performance measurement

Collaboration among State and tribal courts” – “Enhanced Resource Guidelines,” pg. 11¹

Using data collected via listening sessions and a case record review of a small sample of eight cases, PCG discovered several themes regarding the court and its partnership with OCFS; across these themes, we identified opportunities for improvement. It is worth acknowledging that while these recommendations are being made to OCFS, some of these recommendations are beyond OCFS control alone. They would require support and action from the courts as well. Much of NCJFCJ’s work, as well as consultation with experts in the field, research on best practice standards, and practices in other states has informed many of the recommendations in this memo. Each recommendation is discussed in further detail throughout this memo.

#	Recommendations
41	Offer domestic violence training to judges, attorneys, guardian ad litem, and other court staff
42	Provide training to judges and other court staff on child welfare, OCFS' practice model, policy, and additional compliance standards
43	Hire retired judges with extensive child welfare knowledge and experience to mentor Maine judges
44	Promote inclusion in the Model Courts Project for Maine
45	Develop a clear policy regarding continuances and pre-trial hearings
46	Establish time-certain courtrooms
47	Ensure better inclusion of natural/informal supports in the courtroom
48	Set a standard of "one family-one judge"
49	Establish court performance measures

Table 27: Court Recommendations

41. Offer domestic violence training to judges, attorneys, guardian ad litem, and other court staff

PCG noted instances in several cases during the record reviews where judges would not grant the removal of a child despite OCFS' recommendation to do so; this recommendation was additionally supported with strong evidence to do so. In nearly all of these instances, there was patterned and present evidence of serious domestic violence, often with long history established. The judges in these cases seemed to dismiss the severity of the present domestic violence or the patterns of behavior where parents returned to violent partners, putting the children at great risk. Subsequently, in some of these cases, safety issues later arose due to the domestic violence. The difficulty in understanding the severity of domestic violence presented a challenge, not only for judges, but for other court staff such as attorneys and guardian ad litem.

NCJFCJ⁵⁹ offers a variety of trainings specific to child welfare and domestic violence to a targeted audience of judges and court staff where workshops directly address the overlap between child maltreatment and domestic violence. **We recommend OCFS encourage judges and court staff attend all applicable trainings.** In addition, NCJFCJ developed a resource titled, "*Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice: Recommendations from the National Council of Juvenile and Family Court Judges Family Violence Department.*" This resource nicknamed "**The Greenbook,**" is available online for free download as a PDF⁶⁰ and should be read by all judges and court staff who work with child welfare.

⁵⁹ <http://www.ncjfcj.org>

⁶⁰ <file:///C:/Users/saryan/Downloads/effective-intervention-in-domestic-violence-child-maltreatment-cases-guidelines-fo.pdf>

“Although researchers have known for years that domestic violence and child maltreatment often coexist in families, only recently have communities and individuals from all professions begun to question the wisdom of responding to these forms of violence as if they were separate, unrelated issues.” – The Greenbook pg. 4

While ensuring that court staff read *The Greenbook* is a start to moving court stakeholders in the right direction, NCJFCJ and the National Judicial Institute on Domestic Violence (NJIDV)⁶¹ should be consulted to *pursue more in-depth domestic violence training*. NJIDV has offered educational programs for judges since 1999 with a focus on helping them to develop skills and competencies in handling cases where domestic violence issues are present. NJIDV offers a foundational course/workshop for judges entitled, “Enhancing Judicial Skills in Domestic Violence Cases,” as well as several continuing education courses which delve further into specific domestic violence related topics (e.g., child welfare).

42. Provide training to judges and other court staff on child welfare, the OCFS practice model, policy, and additional compliance standards

According to data from the listening sessions and case record reviews, some judges and other court staff seem to misunderstand the mission, principles, and policies which guide casework practice for OCFS staff and the nuances of child welfare in general. This is not surprising since formal training on OCFS’ child welfare practice model and policies is not standard practice in preparing judges or court staff to work with child welfare cases.

It is important to note that while challenges were found in this assessment, Maine has already made efforts to improve coordination between child welfare and the courts through the State’s participation in the Court Improvement Program. According to the Administration for Children and Families, “The highest court of each State and territory participating in the Court Improvement Program (CIP) receives a grant from the Children’s Bureau to complete a detailed self-assessment and develop and implement recommendations to enhance the court’s role in achieving stable, permanent homes for children in foster care.”⁶²

Maine’s Court Improvement Program website⁶³ provides links to a number of resources on child welfare court related topics, including prevention, placement stability, and substance-exposed newborns. There are copies of previous presentations and events sponsored by Maine’s Court Improvement Program available for download as well. Examples of events include a presentation on commercial exploitation and a two-day session about trauma-informed practice. However, the website does not appear to be up to date as there are no materials more recent than 2016.

⁶¹ <https://njidv.org>

⁶² <https://www.childwelfare.gov/topics/systemwide/courts/reform/cip/#state>

⁶³ <http://www.maine-courtimprovement.org>

Cumberland County (Fayetteville, NC) is creating a Steering Committee to meet regularly to steer the discussion of concerns and opportunities going forward as they relate to the path to permanence for children.

This long-term Committee will be comprised of the following individuals: Social Services/Child Welfare Director, all Family Court Judges, Chief District Court Judge, Department of Juvenile Justice, a parent attorney representative, GAL Administrator, GAL attorney(s), DSS Assistant Director for Legal Services, Family Court Administrator, County Manager, and a County Commissioner/Chair of the County Commission.

In order to form effective and more meaningful partnerships between OCFS and the courts, the two entities need to understand each other and the work they do. Other states, particularly those involved in NCJFCJ's Model Courts initiative,⁶⁴ have implemented orientations/trainings for their judges and court staff to ensure that they are knowledgeable about the agency's child welfare practice model and policies. In addition, the trainings are used to share the philosophy which guides the agency's work, as well as the specific policy and compliance measures that need to be carried out by its staff. The main focus of the trainings for Model Courts is to work on building

better collaboration between systems to help eliminate barriers and improve outcomes for children and families. Based on the findings of this assessment, ***these trainings would be most beneficial to ensure that OCFS and court staff operate under an aligned mission and focus, and we recommend judges and court staff engage in these or similar trainings.*** An additional resource by NCJFCJ available for online purchase is *Building a Better Collaboration: Facilitating Change in the Court and Child Welfare System*⁶⁵.

In addition to the court's understanding of child welfare work specific to OCFS' policies and practice, it would be beneficial to ensure that all judges have a basic knowledge of general best practices in handling child welfare cases. This is especially pertinent in Maine where there are no judges who specialize in child welfare, but instead are responsible for a wide variety of cases where only a small percentage may be child welfare involved. A free resource which should be read by all judges and court staff, which is available for online download, is the "Enhanced Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases," developed by NCJFCJ. The Enhanced Resource Guidelines outlines best practice standards for courtrooms handling child abuse and neglect cases which might be considered to establish a baseline training/orientation and ongoing resource for judges on quality child welfare court practices. The Enhanced Resource Guidelines should be read by court staff in conjunction with the other trainings recommended throughout this memo.

For those judges and attorneys with strong competencies in child welfare who want to receive recognition for their hard work and expertise, there is an opportunity to become certified as a Child Welfare Law Specialist⁶⁶. This certification would also help to ensure that there are judges and attorneys who are striving to remain active in continued education on child welfare best practices and they could advise other judges and attorneys who are still working to build their own child welfare law knowledge and expertise. In order to be eligible for the certification the judge or attorney must have:

- Three or more years' experience practicing law
- Thirty percent (30 percent) or more of the last three years involved in child welfare law
- Thirty-six (36) hours of continuing legal education within the last three year in courses relevant to child welfare law
- A writing sample drafted within the last three years that demonstrates legal analysis in the field of child welfare

⁶⁴ http://www.ncjfcj.org/sites/default/files/Model%20Courts%20Brochure_Effect_2.pdf

⁶⁵ <http://www.ncjfcj.org/resource-library/publications/building-better-collaboration-facilitating-change-court-and-child>

⁶⁶ <https://www.naccchildlaw.org/page/certification>

43. Hire retired judges with extensive child welfare knowledge and experience to mentor Maine judges

The third recommendation provides another method to help judges build their knowledge and expertise in handling child welfare work since, as noted earlier, there are no child welfare specialist judges in Maine. Beyond what training can provide, some States have ***hired retired judges with expertise in child welfare to come and talk about their work in the child welfare system with current judges***. This option provides judges with an opportunity to engage with peers and ask pertinent questions where answers are not easily gleaned through trainings and resource review.

PCG has its own judge who would be willing to provide his extensive subject matter expertise in child welfare. Judge James Payne (who led the case record review effort for this assessment) has spoken to a variety of audiences about judicial work in child welfare in 46 States. Prior to joining PCG, Judge Payne served as Presiding Judge of the Marion Superior Court, Juvenile Division in Indiana for 20 years. He was elected to four terms as Superior Court Judge, during which time he implemented systemic change through statute revision, merging the juvenile court system and detention center, leading to efficiency in the delivery of care, treatment, and rehabilitation of youth and families. He also helped to construct a state-of-the-art and nationally recognized detention facility and administration wing. Judge Payne served as President Elect of the National Council of Juvenile and Family Court Judges and President of the Indiana Council of Juvenile and Family Court Judges. Following his 20 years on the bench, Judge Payne served as the Director of Indiana's Department of Child Services for seven years, where he implemented a multitude of changes aimed at a complete child welfare system re-design and overhaul. In addition, PCG has other clients we have reached out to who may be willing to provide expertise and mentorship as well.

Allowing judges in Maine the opportunity to not only absorb information through training and resources but to engage with a peer to ask candid questions and learn more about how best to meet the challenges of child welfare court work, would provide a valuable addition to the recommended training package.

44. Promote inclusion in the Model Courts Project for Maine

Data from the case record reviews revealed that there were many instances where court support would have been critical at a particular moment in the case and could have made a substantial difference in the case outcome; but the issues were never brought back to the court by child welfare staff (for example, when parents were caught violating court orders). **In cases where a judge did not agree with OCFS' recommendations during previous court proceedings, it was more apparent that child welfare staff were less inclined to return to the court if the issues persisted.**

Caseworkers need to be strong in their convictions when they have credible evidence, even if they fear being turned down by the judge; and, they need to be able to use the court as an ally when there are major safety or compliance issues. They also need to be supported by their Supervisors and the agency to do so. In addition, judges need to set court ground rules and expectations for all parties involved, including parents (particularly violent ones), regarding appropriate interaction with caseworkers. This exercise will aid in caseworkers feeling confident that the courts are an ally when needed.

Collaboration between courts and child welfare agencies is critical, and establishing those partnerships has spawned national effort, specifically through the aforementioned "*Model Courts Project*" through NCJFCJ where training, technical assistance, and multi-State court mentorship are offered to those willing to participate. Maine is currently not a part of the Model Courts initiative, but PCG recommends that this avenue be considered. Data on

Model Courts⁶⁷ has been able to lend support regarding the tangible difference inter-agency collaboration can make in positive outcomes for children and families. Some of which includes evidence for a reduction of the number of children in care, an increase in adoptions, and an increase in the rate of timeliness for hearings.

According to NCJFCJ:

“Congressional leaders, federal agencies, and private foundations have recognized the need for a national effort dedicated to improving court practice in child abuse and neglect and juvenile delinquency cases. Since 1992, NCJFCJ’s Model Courts Project, with funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and private court contracts, has partnered with courts across the country to improve outcomes for abused and neglected children, juvenile offenders and their families.

The Model Courts Project supports juvenile courts in a number of key ways. The acclaimed NCJFCJ bench books the “Resource Guidelines: Improving Court Practice in Child Abuse & Neglect Cases,” the “Adoption and Permanency Guidelines: Improving Court Practice in Child Abuse and Neglect Cases,” and the “Juvenile Delinquency Guidelines: Improving Court Practice in Juvenile Delinquency Cases” provide a recommended practice approach to improving court processes. The Model Courts Project works to identify impediments to the timeliness of court events and delivery of services for families and children and then design and implement court- and agency-based changes to address these barriers. The NCJFCJ’s work with Model Courts and other jurisdictions seeking assistance to improve outcomes for children and families is guided by the “Key Principles for Permanency Planning for Children” and “Key Principles for Juvenile Delinquency Cases.” As part of this effort, judicial leadership and effective collaboration are viewed as essential for project success.

Courts that are active in the Model Courts Project may receive individualized assessment, planning, training, technical assistance, and evaluation services as they seek to implement the principles and recommendations set forth in the Guidelines and work toward improved practice and outcomes. With multi-year involvement, Model Courts repeat the planning and technical assistance process as court improvement goals are attained. As part of this effort, Model Courts are expected to be “laboratories for change”; meaning they participate in an ongoing critical assessment of their performance and share their results with other sites in order to inform and sustain a larger system improvement effort.

Model Courts that have experienced significant improvement in practice, have institutionalized training programs, and have developed a strong, proactive collaborative process of reform can ascend to Mentor, Statewide, or Project ONE Status to demonstrate leadership in implementing statewide systems change reform efforts and coordinated court systems.”⁶⁸

45. Develop a clear policy regarding continuances and pre-trial hearings

Data from both the case record reviews and listening sessions reveal that the required timeframes for court hearings are not strictly adhered to and there can be extensive time between hearings. The timeliness of court proceedings has a direct impact on being able to achieve timely permanency for children. Therefore, it is of the upmost importance that courts meet the timeframes set forth in statute to mitigate harm and further trauma to children; courts should view child welfare cases with an appropriate sense of urgency.

The courts should develop a firm policy regarding continuances in child welfare cases in order to ensure that their usage is minimized and that child welfare cases remain prioritized. NCJFCJ advises that:

⁶⁷ http://www.ncjfcj.org/sites/default/files/Model%20Courts%20Brochure_Effect_2.pdf

⁶⁸ <https://www.ncjfcj.org/our-work/model-courts>

“Continuances should not be allowed because hearing dates prove inconvenient for attorneys and parties. Continuances should be granted only when attorneys or parties are ill, essential witnesses cannot be located, or services of process have not yet been completed. Neither should continuances be granted based upon the stipulation of parties. Administrative personnel should not be authorized to grant continuances. Good cause for any continuance should be included in the court record.” – “Enhanced Resource Guidelines,” pg. 39

A clear policy outlining the circumstances under which continuances will or will not be allowed should aid in increasing the extent to which court proceedings are conducted in a timely fashion and statute timeframes are met. Additionally, as standard practice, judges need to use the opportunities available when all parties are present in court to ensure that everyone is understanding of, and in agreement with, the timelines and expectations set forth.

Another method to increase the timeliness with child welfare cases is to utilize pre-trial hearings, which we recommend instituting. By conducting pre-trial hearings, some of the legal issues may be resolved prior to the official hearing so that the more pressing issues can be focused on during the official hearing. According to NCJFCJ:

“A key advantage to mandatory pre-adjudication and pre-disposition settlement conferences at which all parties and attorneys must participate is that attorneys are better informed about the case and better able to perform in court. Mandatory pre-trial settlement conferences are especially useful in courts where many attorneys habitually delay settlement discussion until shortly before trial. By compelling attorneys and parties to meet and discuss a case well in advance of trial, settlement conferences encourage early case preparation by attorneys.” – “Enhanced Resource Guidelines,” pg. 62

46. Establish time-certain courtrooms

Currently, Maine's courts run on a “cattle call” system for scheduling. This means that everyone is scheduled for a *date* in court, but not for a specific *time* in court. Therefore, it was not surprising to find in listening sessions that caseworkers were frustrated because they and their clients can spend hours simply waiting to be called before the judge.

Best practices along with NCJFCJ strongly advises that all child welfare hearings be set for time certain, meaning, the caseworker(s) and client(s) are given a specific date and time the hearing is scheduled and are expected to appear in court. In 2015, NCJFCJ conducted a study of one of their Model Courts (Travis County, Texas) in order to determine the efficiency and effectiveness of time-certain courts, and overall, the results of that study were overwhelmingly positive.⁶⁹

“Scheduled hearing times for each case were recorded on the court observation, as well the actual hearing start and end times. Two additional variables were created to assess the time difference between the (1) wait time (i.e., scheduled hearing time and the actual start time of the hearing) and (2) hearing length (i.e., actual start and end times of the hearings). On average, parties waited 40 minutes (SD=24) for their hearing to begin. The range in how long parties waited for their hearing to begin, however, was as little as two minutes to as long as 110 minutes. On average, hearings took approximately 12 minutes in duration (SD=6.8). Hearings were as brief as one minute and as lengthy as 47 minutes.

⁶⁹ [https://www.ncjfcj.org/sites/default/files/Time%20Certain%20Calendaring%20Report_FINAL%20\(2\).pdf](https://www.ncjfcj.org/sites/default/files/Time%20Certain%20Calendaring%20Report_FINAL%20(2).pdf)

Two analyses of variances (ANOVAs) were performed to assess whether there was a significant time difference between the (1) waiting time and (2) hearing length. There was no significant difference in wait time by hearing type. This finding suggests that parties did not wait any longer or any less for their case to be heard, depending on the type of hearing that was scheduled. Likewise, there was no significant difference in hearing length by hearing type. This finding suggests that hearing length did not increase or decrease substantially, depending on the type of hearing that was scheduled.” – “Research Report: Assessing Time-Certain Calendaring Dockets,” pg. 6-7

Time-certain courts would be an ideal solution for scheduling court proceedings of child welfare cases in Maine. This method of court-scheduling is considered a best practice standard by NCJFCJ and its efficiency has been documented in practice; we therefore recommend Maine move in this direction as permissible by the courts.

47. Ensure better inclusion of natural/informal supports in the courtroom

It has been demonstrated through social welfare research, that natural/informal supports can often provide the critical change needed for success in child welfare cases, and their assistance is often sustainable beyond the involvement of formal systems.⁷⁰ To provide a couple of examples of informal support, a retired grandparent can provide childcare or respite while a parent works or takes a break, or a family friend can transport members of the family to school or appointments. In both these scenarios, costs are reduced for the State and the family uses their own network and support system to implement the needed changes to keep their children safe. A systematic review of the research published in the *Children and Youth Services Review* has documented the importance of informal/natural supports in the lives of children:

“Due to their histories of caregiver maltreatment, living instability, and potential attachment challenges associated with out-of-home care, older foster youth represent a particularly vulnerable group of adolescents at increased risk for a number of poor well-being outcomes. However, research supports the notion that a relationship with a competent, caring adult, such as a mentor, may serve protectively for vulnerable youth, and a nascent yet growing body of literature suggests that naturally occurring mentoring relationships from within youth's social networks are associated with improved outcomes among young people in foster care during adolescence and the transition to adulthood,”⁷¹ – “Natural mentoring among older youth in and aging out of foster care: a systematic review”

Despite the positive case outcomes associated with the utilization of informal supports, there were no instances found in the case record reviews where these supports were included in any court proceedings, even when natural supports were involved with the case. Given the important role such resources, i.e., informal supports, can provide, ***we are recommending OCFS work to ensure a practice whereby informal supports are included in the court processes so that their involvement is acknowledged and continued.***

48. Set a standard of “one family-one judge”

According to OCFS leadership staff, there is generally one judge assigned to each child welfare case; however, there are instances where a case may be covered by another judge if necessary or re-assigned to a new judge’s docket. Many of the cases reviewed involved children and families with extensive history with child welfare and

⁷⁰ <https://www.calgaryunitedway.org/images/impact/reports/2017-vulnerable-youth-natural-supports-framework.pdf>

⁷¹ <https://ideas.repec.org/a/eee/cysrev/v61y2016icp40-50.html>

other non-child welfare legal matters in Maine. Ultimately, there is rarely a single person who has been working with a family over the life of their broader legal involvement who has a truly holistic picture of the case beyond the scope of the current child welfare involvement.

A best practice standard set forth by NCJFCJ is the “one family-one judge” assignment for child welfare involved cases, even in those instances where there is other non-child welfare court involvement (e.g., juvenile, family, criminal, civil, etc.). The reason being for this practice standard is:

“A one family-one judge system encourages judges to take ownership in and maintain active oversight of their cases. Under this case assignment system, children and families have the same judge for the life of all cases in which any member of the family is involved. A single incident may generate numerous cases involving dependency, delinquency, criminal, civil protection order, and others. Having the same judge preside over all hearings ensures orders related to the child throughout the case will be informed by a thorough understanding of the history, decisions, challenges, and successes in each case, as well as enables a full analysis of reasonable efforts based on all available information. Such a system makes certain that the agency is treating the family holistically and moving forward to achieve permanency for the child. When cases are heard in multiple courts by multiple judges, conflicting court orders and failure to share information among all involved creates havoc for families.” – “Enhanced Resource Guidelines,” pg. 34

Child welfare cases typically do not exist in a vacuum; there is often crossover into other court related matters. Ensuring that one judge is responsible for overseeing all court/legal matters involving child welfare involved families, including when they are involved in other systems, will help that judge to build a more holistic perspective on the case and hopefully aid in better decision-making regarding children and families. ***While this approach is typically taken for child welfare involved cases in Maine, it needs to be the standard and one which is strictly upheld.***

49. Establish court performance measures

In order to understand the extent to which efforts to improve child welfare court processes have made a difference, it is essential to establish court performance measures. The court performance measures will track data which can be used to confirm any progress that has been made and to identify any ongoing challenges.

The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, has extensively outlined the court performance data which should be tracked for child abuse and neglect cases, detailing how to track the data, and how to use the data for decision-making, in their *Court Performance Measures in Child Abuse and Neglect Cases: Technical Guide*⁷². One particular advantage is that many of the performance measures specified in the *Technical Guide* are related to CFSR measures and can be calculated using the same data. Thirty court performance measures for child abuse and neglect cases are outlined in the *Technical Guide*, and each measure’s purpose and goal is described:

List of Performance Measures (Page 259-260 of the <i>Technical Guide</i>)		
#	Measure	Short Definition
<i>Safety Measures</i>		

⁷² <https://www.ncjrs.gov/pdffiles1/ojjdp/223570.pdf>

List of Performance Measures (Page 259-260 of the <i>Technical Guide</i>)		
#	Measure	Short Definition
1A	Child Safety While Under Court Jurisdiction	Percentage of children who are abused or neglected while under court jurisdiction
1B	Child Safety After Release from Court Jurisdiction	Percentage of children who are abused or neglected within 12 months after the case is closed following a permanent placement
Permanency Measures		
2A	Achievement of Child Permanency	Percentage of children in foster care who reach legal permanency by reunification, adoption, or legal guardianship
2B	Children Not Reaching Permanency	Percentage of children in foster care who do not reach legal permanency by reunification, adoption, or legal guardianship
2C	Children Moved While Under Court Jurisdiction	Percentage of children who reside in one, two, three, four, or more placements while under court jurisdiction
2D	Reentry into Foster Care After Return Home	Percentage of children who return to foster care pursuant to court order within 12 and 24 months of case closure following reunification
2E	Reentry into Foster Care After Adoption or Guardianship	Percentage of children who return to foster care pursuant to court order within 12 and 24 months of case closure following adoption or placement with a legal guardian
Due Process and Fairness Measures		
3A	Number of Judges Per Case	Percentage of child abuse and neglect cases in which the same judicial officer presides over all hearings
3B	Service of Process to Parties	Percentage of child abuse and neglect cases in which all parents receive written service of process of the original petition
3C	Early Appointment of Advocates for Children	Percentage of child abuse and neglect cases in which an attorney, guardian ad litem (GAL), or court-appointed special advocate (CASA) volunteer is appointed in advance of the emergency removal hearing
3D	Early Appointment of Counsel for Parents	Percentage of child abuse and neglect cases in which attorneys for parents are appointed in advance of the emergency removal hearing
3E	Advance Notice of Hearings to Parties	Percentage of child abuse and neglect cases with documentation that written notice was given to parties in advance of every hearing
3F	Advance Written Notice of Hearings to Foster Parents, Pre-adoptive Parents, and Relative Caregivers	Percentage of child abuse and neglect cases with documentation that written notice was given to foster parents, pre-adoptive parents, and relative caregivers in advance of every hearing for which they were entitled to notice
3G	Presence of Advocates During Hearings	Percentage of child abuse and neglect cases in which legal counsel for the government or other petitioner and for other parties who have been served is present at every hearing
3H	Presence of Parties During Hearings	Percentage of child abuse and neglect cases in which parties who have been served are present at every substantive hearing
3I	Continuity of Advocates for Children	Percentage of child abuse and neglect cases in which the same legal advocate represents the child throughout the case
3J	Continuity of Counsel for Parents	Percentage of child abuse and neglect cases in which the same legal counsel represents the parent throughout the case
Timeliness Measures		
4A	Time to Permanent Placement	Average (median) time from filing of the original petition to legal permanency
4B	Time to Adjudication	Average (median) time from filing of the original petition to adjudication

List of Performance Measures (Page 259-260 of the <i>Technical Guide</i>)		
#	Measure	Short Definition
4C	Timeliness of Adjudication	Percentage of cases that are adjudicated within 30, 60, or 90 days after the filing of the original petition
4D	Time to Disposition Hearing	Average (median) time from filing of the original petition to the disposition hearing
4E	Timeliness of Disposition Hearing	Percentage of cases in which the disposition hearing occurs within 10, 30, or 60 days after adjudication
4F	Timeliness of Case Review Hearings	Percentage of cases in which the court holds hearings to review case plans within the time limits set by law
4G	Time to First Permanency Hearing	Average (median) time from filing of the original petition to first permanency hearing
4H	Time to Termination of Parental Rights Petition	Average (median) time from filing of the original petition to filing the petition for termination of parental rights (TPR)
4I	Time to Termination of Parental Rights	Average (median) time from filing of the original child abuse and neglect petition to the termination of parental rights (TPR)
4J	Timeliness of Termination of Parental Rights Proceedings	Percentage of cases for which there is a final order within 90, 120, and 180 days of the filing of the termination of parental rights (TPR) petition
4K	Time from Disposition Hearing to Termination of Parental Rights Petition	Percentage of cases in which the termination of parental rights (TPR) petition is filed within 3, 6, 12, and 18 months after the disposition hearing
4L	Timeliness of Adoption Petition	Percentage of cases in which the adoption petition is filed within 3, 6, and 12 months after the termination of parental rights (TPR)
4M	Timeliness of Adoption Proceedings	Percentage of adoption cases finalized within 3, 6, and 12 months after the filing of the adoption petition

Table 28: List of Performance Measures

Without tracking court performance measures, OCFS and the courts will continue to experience challenges related to accurately identifying the problems that exist between them as well as tracking the progress made through their improvement efforts.

Workload Measures

Overview

A Random Moment Time Study (RMTS) was conducted as part of the organizational assessment of Maine's Office of Child and Family Services (OCFS). Results of the RMTS will be used to construct an automated workload analytic tool to help the agency determine if it has the resources it needs to carry out its mission, providing the agency with an important element in being able to do so on an ongoing basis, and provide supervisors with a tool to improve their ability to staff cases. The data from the study can also be used to see where efficiencies might be improved, in alignment with and beyond those previously recommended.

Recognizing that different types of staff contribute to the services and support OCFS provides to children and families throughout Maine, caseworkers, supervisors, specialists, support staff and licensing workers were invited to participate in a RMTS (this RMTS was in addition to one administered for administrative cost-claiming purposes). Over a six-week period – November 5, 2018 through December 14, 2018 – staff were asked to identify the activity that they were engaged at random moments of time. Data for a total of 6,554 random moments were collected, for an overall response rate of 85 percent. The table below provides the response rates for each staff type.

Supervisors	Caseworkers	Specialists	Support	Licensing	Overall
83%	84%	82%	85%	92%	85%

Table 29: Response Rates by Staff Type

Recommendations

Not surprisingly, results of the RMTS found that caseworkers and licensing staff spend the greatest proportion of their time engaged in activities associated with casework, 73 percent and 71 percent, respectively. Compared to the study conducted in 2016, caseworkers currently spend a greater percentage of time on casework; in fact, the proportion of time they spend on casework increased by as much as three percentage points, or 4.9 hours over the average month since the last study. This pattern is not uncommon; PCG's evaluation team has conducted several follow-up workload studies in other states, and in each instance the percentage of time caseworkers have available for casework has increased.

The table below summarizes the proportion of time different types of child welfare staff spend overall on cases, non-case specific work, and non-work activities (e.g., break or vacation).

Staff Type	Case Specific	Non-Case Specific	Non-Work
Supervisors	42%	42%	16%
Caseworkers	73%	14%	13%
Specialists	58%	25%	17%
Support	45%	42%	14%
Licensing	71%	13%	16%

Table 30: Proportion of Time Different Types of Child Welfare Staff Spend Overall on Cases

To help OCFS determine how many staff are needed to handle cases in a quality manner and improve its efficiency in case practice, the following recommendations are offered.

#	Recommendation
50	Update the workload analytic tool so workload can be measured on an ongoing basis
51	Improve efficiencies in practice

Table 31: Workload Analysis Recommendations

50. Update the workload analytic tool so workload can be measured on an ongoing basis

Two measurements of time are used to calculate workload need.

1. The first is the *time needed to handle cases*. Time standards were developed for assessment, services, permanency and licensing cases using the data collected from the workload study conducted in 2016. Those time standards offer a starting point by which to measure the number of caseworkers needed to manage the agency's caseload.
2. The second measure of time needed to measure workload is the *time available to work on cases*. Staff do not have a full eight hours each day to work on cases; for example, they attend trainings, assist with the development of community resources, and take leave. The results from the RMTS are used to measure the amount of time staff have in the *average month* to work on cases. When the hours staff have available to work in the average month (164) is multiplied by the proportion of time staff devote to casework, the number of hours staff have available to engage in casework can be determined.

Between the first study conducted and the present, for example, the hours caseworkers have available for casework increased from 114.7 hours to 119.6 hours monthly, increasing by nearly five hours in the average month. The number of hours each staff type has available for work in the month is displayed below.

Supervisors	Caseworkers	Specialists	Support	Licensing
69.1	119.6	95.1	73.3	117.1

Table 32: Number of Hours Each Staff Type Has Available for Work

The data from both studies can be used to create an automated workload analytic tool for ease of use by central office staff and the District's Program Administrators and Assistant Program Administrators to measure resource need. It can also be built to provide a tool for supervisors to use in assigning case. OCFS should:

- **Examine the time standards for all case types which are used to measure workload.** OCFS has made changes in practice since the previous workload study was conducted. Results from the prior study, such as the measurement of time needed to complete specific tasks which are now required in policy, can be used to update the time standards as to how much time is needed to handle different types of cases.

The results of both studies, along with others PCG's evaluation team has conducted, can be used to develop time standards for case types which were not included in the prior study, most notably intake cases. Results of workload studies conducted for other child welfare agencies suggest that an average of 1.4 hours are needed to handle a report of alleged maltreatment. One factor that needs to be accounted for in the measure of a time standard for Maine is the inclusion of the time it takes to complete Structured Decision-Making. The results of the RMTS will be further examined to quantify the average amount of time Intake workers spend on this task, helping to develop a time standard of for Intake cases that is specific to Maine.

- **Update the time caseworkers time have available for casework.** This is a simple step. The percentage of time caseworkers report spending on casework, based on the results of the RMTS, is considered the time they have available on average to spend on cases. The results for Maine are similar to those for other studies the firm has completed. For example, for a workload study recently completed for the Children's Aid Society of Toronto, an agency which also uses support staff and specialists to assist with casework, caseworkers were found to spend 71 percent of their time on casework. The percentage of time caseworkers spend on cases should be applied to the total average hours staff have available to work to make that calculation. The data collected through the RMTS will be used to explore the extent to which the length of service staff, especially caseworkers, have working on child welfare cases impacts the time they need to work on cases. They are likely to need more time and thus not able to handle as full of a caseload as their seasoned peers.
- **Apply results from the RMTS and national best practices to determine how many supervisors, specialists and support staff are needed.** The proportion of time other staff contribute to casework should also be factored into the equation of workload need. The workload analytic tool will be revised to take into account the percentage of time each staff type has available for casework, which will be used in the measure of the count of other staff types that are needed to contribute to casework. For example, the RMTS found that supervisors spend 19 percent of their time engaged in case-related supervision. Much of their time is spent consulting with workers (7 percent); approving or authorizing reports, assessments or other case actions (5 percent); and reviewing cases and reports (4 percent). Supervisors engage in other case-related activities as well, such as consulting with attorneys, preparing information for court, and even participating in court hearings (4 percent); consulting with their supervisors (3 percent); and participating in case meetings, such as Family Team Meetings and Team Decision Making meetings (4 percent), among others. The time they spend, along with that of support staff and specialists, are important components of measuring resource need.

51. Improve efficiencies in practice

When a side-by-side analysis is undertaken of the percentages of time staff of different types engage in case-related activities, limited duplication of effort is observed. For example, visitation is most often carried out by support staff and specialists, with caseworkers spending only one percent of their time supervising visits with children and their families. Transportation of the client is another task which is shared by support staff and specialists, with caseworkers spending five percent of their average time performing this task and specialists three percent. In comparison, caseworkers spend only one percent of their time in the average month engaged in providing transportation to clients. There are, however, a couple of key tasks where efficiencies or case practice in general might be improved.

- **Implement steps to reduce the duplication of preparing documents on paper and then inputting data into MACWIS.** Evidence from the RMTS found that caseworkers, licensing workers and support staff spend a substantial portion of their time documenting cases in the computer, a concern that was noted during our onsite observations and process mapping, much of the time spent on the computer involves inputting data directly into MACWIS. Very limited, if any time, was noted for other key case management activities, e.g., creating or updating a case or safety plan.

It appears staff are inputting information directly into MACWIS to complete those

plans. Licensing staff, however, spend the greatest proportion of time first completing documents on paper and then entering that data into MACWIS. Steps should be taken to shadow licensing workers to better understand the extent to which there is duplication of effort and to identify what strategies might be taken to minimize that duplication, thereby improving their case practice efficiency.

- **Increase the percentage of time staff have available to engage with clients.** Caseworkers spend an equal percentage of time (19 percent) documenting their casework as they do in contact with families, children, providers, collaterals or others. Caseworkers and licensing staff spend the same, or nearly the same, percentage of time in face-to-face contact in the home with families as they do in non-face-to-face contact with families (e.g., on the phone, texting or emailing). To maximize the time caseworkers have to spend with their clients, steps should be taken to identify how best to reduce the time caseworkers spend attempting to make contact and in non-face-to-face contact. Support staff, who spend just one percent of their time in contact with clients, may be able to take on some of the contact-related tasks caseworkers complete, for example, assist in scheduling appointments or help caseworkers verify the accuracy of an address. The survey administered to staff also noted that it would be beneficial to have support staff help with handling client service situations and requesting records. If support staff could take on some of these added responsibilities, it would free caseworkers to spend more time with children and their families, and likely increase safety, permanency and well-being for those served.

Proportion of Time Spent on Computer Documentation

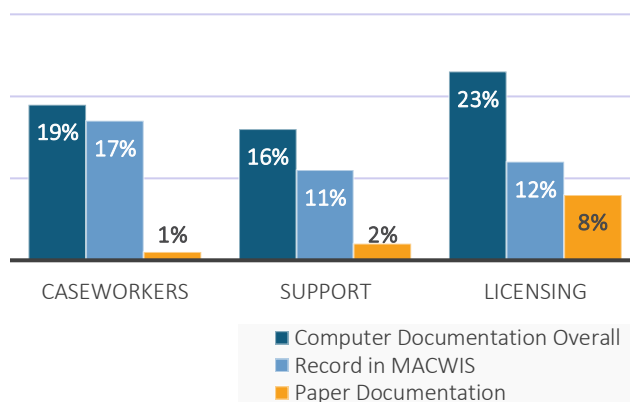


Figure 31: Proportion of Time Spent on Computer Documentation

Proportion of Time Spent in Contact

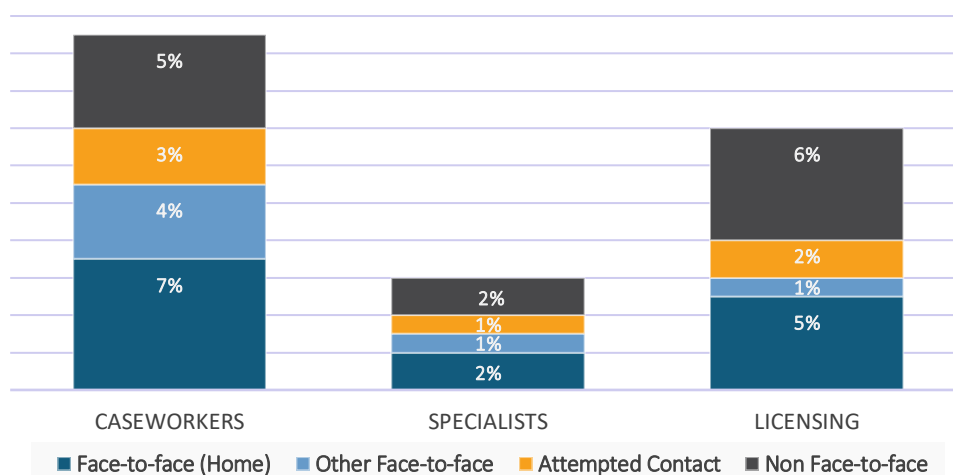


Figure 32: Proportion of Time Spent in Contact

Out of Home Placements and Resource Parent Recruitment and Retention

Out of Home Placements and Resource Parent Recruitment and Retention Recommendations

According to the Children's Bureau, "Removing children from their families is disruptive and traumatic and can have long-lasting, negative effects. There are a number of stressors for a child that are associated with removal and can add to the initial trauma of maltreatment."⁷³ Current OCFS policy aligns with the 1980 Adoption Assistance and Child Welfare Act and the 1997 Adoption and Safe Families Act that requires reasonable efforts be made to ensure that no child is placed in foster care who can be protected in his or her own home. Unfortunately, with safety of paramount importance, removal of children from the home is sometimes necessary. The hope is that removal practices focus on minimizing additional trauma.

When out of home placements are made, Maine has struggled with increasing placement disruptions, with an average of two-and-a-half (2.5) moves per 1,000 nights of a child in care in Federal Fiscal Year (FFY) 2015, to just over three moves (3.1) per 1,000 nights in care in FFY 2017. While the rate of Maine's placement change is still lower than the national average of 4.12 moves per 1,000 nights (or one move every eight (8) months), an increase in the volume of children coming into care and limited resources have forced OCFS to find alternative, temporary shelter for children in need of immediate removal.

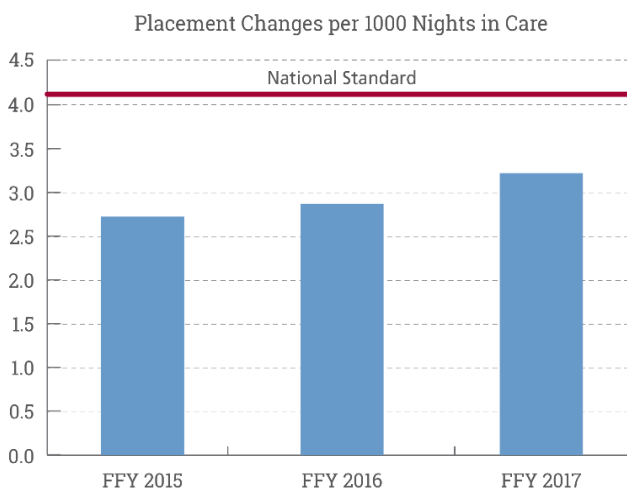


Figure 33: Average placement changes for children while in care

Washington, Arkansas, and Florida suggest a range from 1.2 to 2 beds for every one child in care. Maine is currently at 0.93 beds for every child in care*

**Based on available data and calculated best-estimate*

- Family foster homes where beds may be available but have not been used within the 90 days prior to measurement

As of July 2018, OCFS had approximately 1,765 youth in custody and an estimated 1,400 active family foster homes, relative, and unlicensed placement beds for those children. These 1,400 beds do not include the following:

- Residential, shelter, independent living or hospital placement settings

⁷³ https://www.childwelfare.gov/pubPDFs/inhome_services.pdf

- Children who are at home for a trial home visit

PCG arrived at the estimated number of beds by looking at the maximum number of children placed in a specific type of home within the last 90 days. For example, if three (3) children were placed in a home during the last 90 days, but currently there are just two (2) children placed in that home, the calculation assumes that the home can serve up to three (3) children and determines there is one (1) bed currently available. The estimate excludes licensed homes with available beds where a child has not been placed within the last 90 days. These assumptions were used because MACWIS does not automatically de-activate homes within its case management system that are no longer licensed, nor is MACWIS able to efficiently display factors like whether the home is accepting new placements and the number of children the home is licensed to house.

Given the available data,⁷⁴ OCFS appears to have more children in care than there are foster, relative, and unlicensed beds available. While leading child welfare organizations have not established an ideal ratio between available beds and children in care, states like Washington, Arkansas, and Florida suggest a range from 1.2 to 2 beds for every one child in care, so that specific needs and characteristics of the child may be considered for optimal placement. It is unclear whether OCFS needs to pursue more foster family beds without additional data.

To provide children with the best possible care and improve child welfare services overall across the State of Maine, it is critical to **have and retain** sufficient licensed foster homes. Having a sufficient amount of licensed foster homes creates opportunities for appropriate placement and improves the chances that every child is matched with the best home, leading to less disruption.

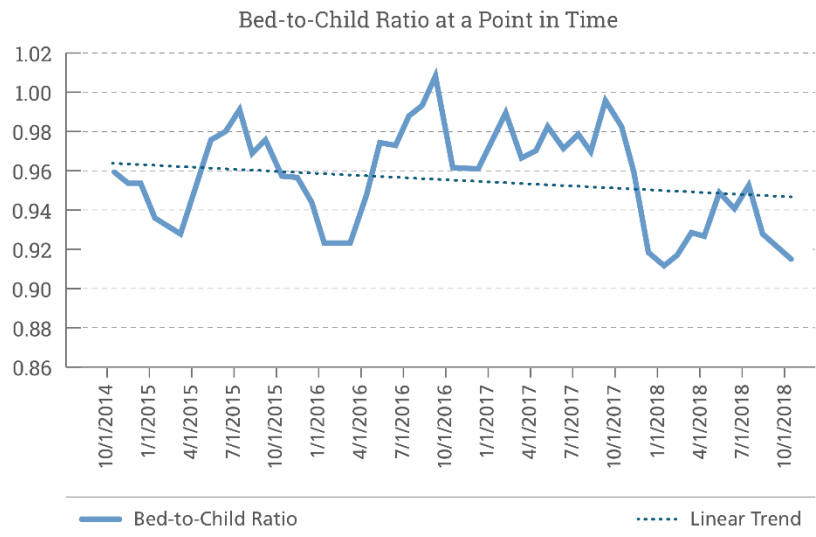


Figure 34: Average bed-to-child ratio at a point in time

#	Recommendations
52	Define diligent search for notification of biological family
53	Increase emergency placement options
54	Develop an online orientation and application process for licensing homes
55	Enhance engagement and responsiveness of the onboarding process for prospective and new resource parents
56	Improve relationships between resource parents and caseworkers

⁷⁴ Members of the Staff Collaborative state that currently districts are responsible for keeping track of their own resources, using a combination of MACWIS data and Excel spreadsheets to make notes about types of placements and bed availability. Staff also report there is some level of tribal knowledge which is not necessarily written anywhere, but caseworkers know by word-of-mouth what resources are or are not available for specific services.

#	Recommendations
57	Create a system to better match children to available resource families

Table 33: Out of Home Placements and Resource Parent Recruitment and Retention

52. Define diligent search for notification of biological family

As an opportunity to reduce the number of children being placed with foster families, OCFS diligent search policy supports familial care of children by ensuring staff identify and notify family, providing opportunities for biological parents and extended family to step forward as placement options for children. However, the requirement for OCFS staff to commit “reasonable efforts” to locate and notify family are not defined in current policy and are often left to interpretation by staff. Without definition or clear standards, efforts to locate family may be dictated by the time a caseworker has to spend on this task. This is a potential area for refinement. The Annie E. Casey Foundation developed a kinship process mapping guide for agencies to utilize in developing a comprehensive plan for strategizing kin identification and engagement.⁷⁵ This best practice specifies questions to ask, timelines to follow, and venues for gathering information.

PCG recommends that OCFS ensure staff are following the diligent search policy and define “reasonable efforts” in terms of specific steps and timelines in searching for and notifying biological parents and extended family of children in OCFS custody. OCFS should strive to keep families intact when possible by placing children with biological parents or relatives to limit trauma and decrease placement disruption.

53. Increase emergency placement options

With limited options, placement of children becomes increasingly more difficult, especially for children with higher medical or behavioral needs, which can result in more placement disruptions for children and burnout for resource parents who are continually overtaxed. In addition, resource limitations have resulted in placing some children in emergency shelters or hotels (generally those with severe behavioral health or psychiatric issues with 24-hour staffing by caseworkers and/or case aides), where their stay is intended to be temporary.

The OCFS IV. H. Short Term Emergency Services policy states that OCFS may provide short-term emergency services, including emergency shelter care, when a child appears to be threatened with serious harm, a runaway from parents/custodians, or when the child is without any person responsible for him/her.

Shelter options are limited and there are often long waitlists for beds. In the absence of a stable placement, children in distress may end up in emergency rooms while awaiting placement. OCFS will seek out resource families willing to take “emergency” placements, intending them for a short, defined period, such as days to weeks. Temporary, emergency placements rarely end up remaining temporary. Instead, when caseworkers find a resource family willing to take the child, they may consider the child stable and leave them as an “emergency placement” for as long as it takes to find a permanent placement, sometimes months or longer. The alternative to this placement conundrum, or in the absence of emergency resource family placement options, is to use hotel rooms for an extended stay until permanent placements can be found. Where significant behavioral health services are needed, children may end up in the hospital. According to the Children’s Behavioral Health Services

⁷⁵ <https://www.aecf.org/m/pdf/KinshipProcessMappingGuide.pdf>

(CBHS) Assessment released in December 2018, **“The lack of access to outpatient, home- and community-based, and residential services starts to compound itself and leads to children with unmet needs escalating into a crisis and ultimately to the emergency room and psychiatric hospital.”** Without sufficient home- and community-based clinical services, placement of behaviorally complex children is challenging.

Not surprisingly, OCFS staff report children with severe behavioral or medical diagnoses can be the hardest to place. While residential placement is a highly restrictive placement option, it is acknowledged that there may be times when this level of care is necessary. Problems arise when children who need a comprehensive, residential level of care must wait for a bed to become available as service providers often have limited capacity or indicate that their program cannot meet the needs of children with certain behaviors or needs.

Not only is the practice of keeping children in emergency rooms or hoteling children expensive, in terms of staffing and resources, it also does not align with best practice that states children should be placed in settings which closely mimic, natural home environments.⁷⁶ Several states, including Georgia, Oregon, Indiana, and Iowa, are taking action to dismantle their hoteling practice and/or develop a comprehensive plan for emergency placement. For example, Georgia began phasing out its practice of hoteling children in care in 2016.⁷⁷ The plan to end the practice was part of an agreement with Children’s Rights, a national organization that filed suit against the Georgia Department of Human Services for practices in two specific, metropolitan counties in 2002, Fulton and DeKalb. In 2016, Oregon’s Department of Human Services also faced scrutiny for the practice of hoteling children which resulted in a class action lawsuit and eventually lead to the Department settling the case and changing its practice. The crux of the argument was that by housing children in hotels, the state was denying them access to a family-like environment and stability.⁷⁸ In 2018, Oregon also published plans to take advantage of Family First federal funding to prioritize services to prevent more removals with provision of increased in-home services.

PCG recommends that OCFS take steps to build a pool of emergency resource families. Some strategies for developing a pool of emergency resource homes includes, offering enhanced daily supervision rates, providing additional training, and offering additional support services such as mobile crisis support and wraparound services to support families while a longer-term placement is found. Providing support to emergency resource parents to find and pay for childcare quickly will also be critical for maintaining a viable pool of emergency homes. To refine this recommendation, ***we recommend that OCFS engage with a group of resource parents to ask them what they would need to provide emergency placement services.***

In a 2006 letter from the Iowa Department of Human Services to the Iowa General Assembly, the Department outlined several recommendations and strategies for improving its emergency placement plan, including, among other things, the creation and expansion of emergency resource homes with training to provide limited, short-term support when removal cannot be avoided by other in-home interventions.

Indiana has also taken steps to specifically recruit some resource homes as emergency placement options that could offer immediate (day or night) and temporary (no more than seven days) stabilization for children. Their child welfare department pledged to give those resource families as much information as possible about

⁷⁶ <http://www.ncsl.org/research/human-services/the-child-welfare-placement-continuum-what-s-best-for-children.aspx#FosterCare>

⁷⁷ <https://www.wabe.org/georgia-stop-temporary-placement-foster-kids-hotels/>

⁷⁸ https://www.oregonlive.com/politics/2016/09/suit_slams_dhs_for_parking_ore.html

the child at placement; to provide as much support as they would need, including emergency vouchers for child care; to provide additional support, as needed, particularly for special circumstances; and made special classification for these emergency resource homes for licensing purposes and reimbursement. The intent was for these families to have a positive experience, talk with others about doing this work, and expand the pool of emergency and regular resource homes. Maine should consider a similar strategy to recruit emergency placement options for short-term needs, while more permanent options are being explored. This extra resource could allow for the eventual discontinuation of hoteling children as an emergency placement option.

Additionally, we recommend that OCFS develop more emergency residential bed capacity. This recommendation is linked to the recommendations in the CBHS assessment. OCFS is in the early planning stages of implementation of those recommendations, which will make gains toward meeting the need for residential (and community-based) capacity for children with complex needs. Recommendations included:

- Better defining residential treatment programs across the state, including the target populations they will serve, treatment models, reject/eject policies, and expected outcomes, and pricing the models accordingly;
- Creating a more robust crisis response system, including mobile crisis response, to stabilize children and youth, and divert the need for placement or placement disruption;
- Creating care management organizations to provide intensive case management for children with complex needs, including identifying services and supports that meet their needs; and
- Creating a web-based daily census system which will allow both DHHS and residential providers to track and monitor services and capacity. The census would go beyond counting “empty beds” and consider the acuity of current children and staffing capacity in residential programs to determine true capacity.

In the meantime, OCFS should consider engaging with existing emergency shelter residential programs to determine whether they can expand capacity. This may require enhanced rates or a rate structure that better supports capacity. Many states allow the rate for emergency residential placements to meet a lower daily utilization expectation, to allow programs to maintain the capacity for a certain number of beds at all times, despite census fluctuations. Additional capacity may also be realized through implementation of 1:1 supervision for children who require more supervision than traditional program participants. Numerous states allow for residential programs to provide staffing in the form of 1:1 supervision for a limited number of children, at an enhanced rate, to prevent the use of emergency rooms or hotels for children who need more supervision than the program can generally provide. This could be an option for OCFS to expand the emergency capacity of their existing residential programs.

54. Develop an online orientation and application process for licensing homes

Nationally, the number of children entering foster care has increased every year from 2013 to 2016, according to the U.S. Department of Health and Human Services. Meanwhile, at least half the states in the United States saw

a decrease in the number of available foster homes, according to a 2017 investigative project by the Chronicle of Social Change.⁷⁹ In Maine, the number of children in foster care has grown substantially between April 2018 and October 2018, as new children are brought into care at an increased rate and children remain in care longer. For the same period, the number of active foster homes have increased, but at a slower rate that does not keep pace with the increase in children coming into care.

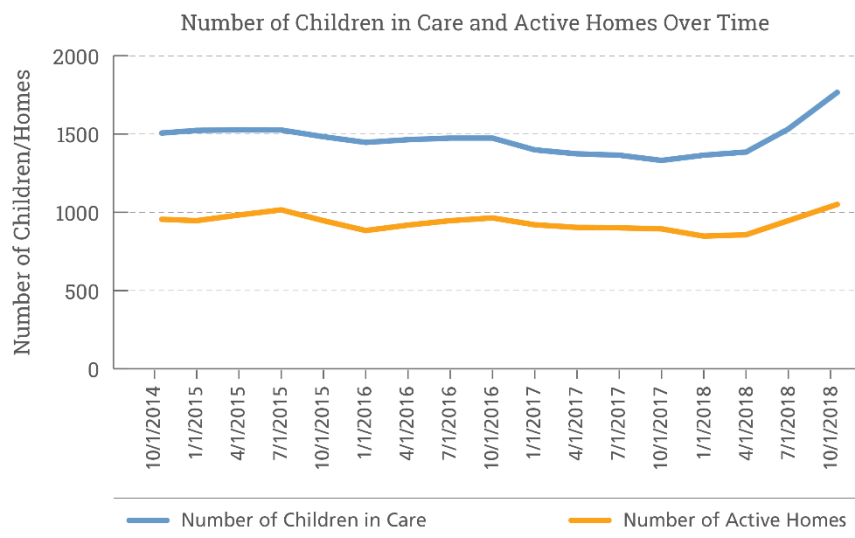


Figure 35: Number of children in care and active homes over time

To increase the quantity of licensed foster homes, internal processes and infrastructure should be in place to efficiently engage, develop and support foster parents throughout the licensing process.⁸⁰

Inquiring about becoming a foster parent and the initial orientation can often be the first time an individual or family becomes acquainted with OCFS or the foster care system, the requirements to become a licensed resource family, the responsibilities of being a resource home, and/or what to expect when a child is placed in their home. For that reason, amongst others, **it is crucial that OCFS streamline the process from initial contact through completing the application.**

Currently, a prospective foster family inquires through several methods including calling OCFS, learning more information online or being recruited by A Family for ME, Maine's contracted recruitment program. Once initial contact is made, the family is registered for an in-person informational meeting. Informational meetings are offered by OCFS once a month; therefore, if an informational meeting was recently facilitated it could be three (3) to four (4) weeks before a prospective family is able to attend this first meeting. If the family is unable to attend the next scheduled informational meeting, it could be well over a month, if not closer to two, before initial contact is made. It is recommended that no interested caller should have to wait more than two weeks for orientation because a long delay will reduce the likelihood of attendance.⁸¹

⁷⁹ Governing.com. *As Need Grows, States Try to Entice New Foster Parents*. May 7, 2019.

⁸⁰ https://calswec.berkeley.edu/sites/default/files/effective_practices_in_foster_parent_recruitment_and_retention.pdf

⁸¹ Ibid

According to data from November 2018 through January 2019 from A Family for ME outreach work, attendance at informational meetings was significantly less than the number of inquiries; and the number of applications submitted was even less. In Table 34, the number of inquiries refers to potential resource parents who inquired directly to A Family for ME, and those that were engaged through outreach by A Family for ME. Data on resource parents who reach out directly to OCFS for information is not included in Table 34. The data on applications in Table include only those initiated through contact with A Family for ME. Please see Table below for total application data collected by OCFS.

Recruitment by A Family for ME for November 2018 through January 2019									
	District 1	District 2	District 3	District 4	District 5	District 6	District 7	District 8	Total
Inquiries (Independent & Outreach)	34	66	45	16	62	29	17	7	276
Informational Meetings	17	23	19	9	18	12	6	3	107
Applied	2	14	13	1	10	2	3	1	46
% of Inquiries resulting in Application	6%	21%	29%	6%	16%	7%	18%	14%	17%

Table 34: A Family for ME recruitment data, November 2018 – January 2019

The recommendations outlined below represent opportunities to reduce the time and difficulty for prospective resource families to complete the licensing process.

It is important to bridge the gap between inquiry and orientation to reduce the number of prospective families that do not follow-through with orientation. **PCG recommends developing an orientation curriculum that is hosted online and can be taken at any time, to replace the current in-person informational meetings.** Allowing prospective foster families to complete the orientation online, at their convenience, will:

- Provide the opportunity to learn more about becoming a prospective resource family without first having to engage OCFS or A Family for ME. This method lessens the demands on staff to schedule attendance for informational meetings; facilitate in-person informational meetings, often hosted during off-hours; and answer all questions, when many may be able to be addressed during an initial online orientation.
- Eliminate any time lapse between expressing interest, learning more and completing the application. An online orientation allows potential foster parents the control to learn more and complete orientation at their convenience, with the information immediately at their fingertips. This should help decrease the number of prospective families that do not complete an orientation due to losing interest or the inability to attend an in-person meeting, with limited times offered.

- Create consistency in messaging and presentation of curriculum across districts. Currently, different informational packets are provided across districts and information session presentation styles vary by staff, which presents OCFS as lacking a unified message.

To supplement the online orientation, an inquiry form with the potential applicant's contact information should be built into the online orientation registration and completion process. This will provide OCFS with data on participants who have completed orientation and allow prospective foster parents to submit any additional questions they may have about the orientation, the process to become licensed or other general questions. All inquiry forms should be reviewed by designated OCFS Licensing staff, with a follow-up call or email made to the prospective foster parent(s) within 24-48 hours.

PCG recommends that OCFS develop an online resource parent application process, converting the current application process from a paper application to an online application. Upon completion of the orientation, detailed instructions on how to access and complete the application should be provided, which is consistent with OCFS' current practice. The Commonwealth of Massachusetts has implemented an online application process (see Figure 36), with the option to print and mail the form, or contact the Department of Child and Families Foster Care/Adoptive Unit for help completing the application online.⁸² The District of Columbia rolled out an online system where application forms could be completed online and electronically submitted to the Child and Family Services Agency's Family Licensing Division, with the opportunity to send forms and questions directly to a central electronic mailbox.⁸³

Foster Care / Adoption Application

Please add your name and email address below. If your home includes a secondary caregiver, E.g. spouse, partner, please also include their name and email address. Applicant will receive a validation email containing an access code which will allow you to complete and sign the online application. Please write down, or copy and paste, this code from your email and enter it in the Access Code field on the next screen. (If you do not see the validation email please remember to check your "Junk" folder).

Please enter your name and email to begin the signing process.

Your Role:
Applicant (Primary Caregiver) *

Your Name (First Name, Last Name):

Your Email:

If there is a Secondary Caregiver please fill the following:

Role:
Co-Applicant (Secondary Caregiver)

Name (First Name, Last Name):

Email:

Begin Application

Figure 36: Massachusetts' online foster care/adoption application

As displayed in Table 35, in 2018 approximately 49% of prospective families that submitted an application in Maine were approved for licensure.

% of New Applicants Licensed in 2018													
	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Total

⁸² <https://www.mass.gov/how-to/apply-to-become-a-dcf-foster-parent>

⁸³ <https://cfssa.dc.gov/sites/default/files/dc/sites/cfssa/publication/attachments/Foster%20Home%20Licensing%20Forms%20%28October%202017%29.pdf>

Applications Submitted	56	46	45	69	68	54	46	102	60	75	72	61	754
Licenses Approved	21	18	32	26	33	42	28	26	18	32	54	42	372
% Applicants Licensed	38%	39%	71%	38%	49%	78%	61%	25%	30%	43%	75%	69%	49%

Table 35: Newly licensed resource families, 2018

OCFS' current practice is to provide a paper application to prospective families following the information session, which is to be completed and mailed back. Once applications are received, they are reviewed by OCFS staff and the applicant is notified of receipt. An online application would eliminate mail routing time delays that impact OCFS' receipt and review of the application, streamlining the application process both for the applicant and for OCFS. Currently, application forms can hinder the overall time it takes to be approved for licensure. Often, staff will need to engage with applicants to complete additional fields or documents that are outstanding. ***It would be beneficial for OCFS to consider an online tool with an alerting system for prospective families that indicates missing fields during application completion.*** This will make certain that forms are not submitted incomplete and reduce the need to send documents back and forth between the applicant and OCFS to obtain missing information. ***OCFS should consider an online system that has indicators, such as "not started," "in progress," and "completed" for all components of the application process (forms, fire and water inspection, home study and other requirements) to keep applicants up to date on progress, providing real-time status and encouraging applicants to be more engaged in the process.***

In addition to moving the application process to an online platform, ***PCG recommends that OCFS evaluate its current application requirements to eliminate any non-essential requirements or redundancies in the process.*** Anu Family Services in Wisconsin used strategies for streamlining its licensing process that included identifying bottlenecks, such as paper duplication. The City of Philadelphia re-examined its foster parent licensing requirements and made them more inclusive by removing non-safety requirements such as age and education requirements.⁸⁴

OCFS should continue learning about how to improve retention by studying surveys of current or exiting resource families to determine where relationships are or are not working. Attending resource family training is a significant component of the application process to become a licensed foster home. In the State of Maine, per policy, applicants may not become licensed without first completing six (6) hours of training for kinship licensure and 18 hours of training for foster licensure. This training is critical in preparing resource families for the responsibility they will undertake in caring for children and ensuring their safety and well-being. It can often be challenging for families applying for licensure to complete trainings while they may have a variety of circumstances that limit their availability, including caring for other children, working full-time, and carrying out other personal obligations. OCFS recognizes the importance of this requirement and the need for flexibility by families. A benefit to in-person training provided by OCFS is the opportunity for networking with peers. When they come together in person, resource parents can develop supportive relationships.

Training for kinship families is offered in one six (6) hour session on a weekend or two separate, three (3) hour sessions during the week, while training for foster families is offered in three separate six (6) hour sessions on a weekend or six separate three (3) hour sessions during the week. The timing of the trainings varies by district and

⁸⁴ https://calswec.berkeley.edu/sites/default/files/effective_practices_in_foster_parent_recruitment_and_retention.pdf

if families are unable to make the trainings in their district, they are permitted to sign up for trainings conducted by another district, if the timing better suits their schedules. Many times, it is difficult for resource families to commit the time to training in another district, factoring in travel time and resources. Missing a training prolongs the time to complete licensing requirements which can impact the 120-day target licensing window set by OCFS.

Though OCFS offers several in-person training courses across districts, ***PCG recommends that OCFS evaluate its current time and resource offerings to identify the best way to accommodate prospective resource families' schedules and reduce barriers to training.*** Potential changes could include adjusting training time or frequency; and considering offering a portion of real-time virtual training, transportation stipends, or child care. In addition, ***OCFS should assess ways to offer a make-up training if a family is unable to participate in a particular session, whether by completing online coursework or providing an in-home training.***

San Diego County reduces barriers to participation through their evidence-based kin and foster parent training intervention, KEEP, by scheduling group sessions at times and locations that are convenient for cohorts of caregivers. Before training, the facilitator visits the home of each caregiver to build a rapport and complete paperwork together with the prospective resource family. In addition, KEEP provides a \$15 transportation stipend for each session, plus refreshments and child care at trainings. If a caregiver is unable to attend one of the sessions, facilitators provide home visit make-up sessions.⁸⁵ Rhode Island is trying a new approach by consolidating a 10-week, 30-hour training program into 16-20 hours of training, concentrated during one weekend.⁸⁶ This structure allows for the training component to be finished several weeks faster. Maine OCFS currently offers weekend training sessions; however, it may be advantageous to consider consolidating the weekend sessions to allow some families to access a concentrated one weekend training and expand time to network and build relationships.

In another example, Anu Family Services provides online access to its training, via webinar or video, or even individually in a resource parent's home, to reduce barriers for families.⁸⁷ The loss of in-person networking opportunities inherent in virtual trainings can be supplemented with other forms of engagement and connection, including:

- Provide contact information for the trainers and licensing workers, or other resource families who they can connect with.
- Provide an avenue for questions or issues to be raised and should incorporate a knowledge check upon completion of the session.
- Allow a feedback loop between trainees and OCFS. Communication is pivotal in providing a sense of engagement and interactivity and allowing trainees to take ownership of their learning.
- A knowledge check offers an objective means of determining whether training content has been learned, reinforces course goals, and helps the trainee better retain the content. Knowledge evaluations can be delivered by administering an assessment post training that measures knowledge or skills gained during the training. An example of an evaluation

Anu Family Services provides online access to its training, via webinar or video, or even individually in a resource parent's home, to reduce barriers for families.

⁸⁵ Ibid

⁸⁶ <https://www.riparentmag.com/2018/01/12/new-ri-initiative-increase-number-foster-families/>

⁸⁷ https://calswec.berkeley.edu/sites/default/files/effective_practices_in_foster_parent_recruitment_and_retention.pdf

assessment is providing several multiple-choice questions that relate directly to the learning objectives of the training for the participant to respond to.

PCG recommends that OCFS contract out training to a provider who is specialized in relevant topics, such as child development and trauma. However, a representative from OCFS should be present at the trainings to

The competencies needed for good customer service in business are the same professional competencies needed to engage, support, and retain foster, adoptive, and kinship families.

build relationships between OCFS and prospective resource families and answer any questions that a contracted provider may not be able to answer. The current training curriculum should be reviewed and assessed to determine if there are opportunities to incorporate any direct, follow-up training that families may need, such as proper car seat use, or CPR, and to explore the opportunity to provide ongoing training once a child is placed in the home.

Training is currently facilitated by various licensing workers, depending on availability. This creates discrepancies in the method of delivery, as some licensing workers may have stronger training skills than others and those who are not well-equipped do not best represent OCFS. A consistent curriculum and skilled trainers will improve training effectiveness. Contracted training services will guarantee that facilitators are well equipped and knowledgeable of successful methods of delivery, adapting learning styles based on the audience, and presenting unified messaging across sessions, which will align OCFS' expectations and processes with prospective resource families' understanding of their role.

To support these recommendations, **OCFS should build a mechanism to collect and measure additional metrics to fully understand why and when applicants exit the process.** For example, creating a field in MACWIS or an online application system that allows staff to identify the reason for closure, whether it be related to a background check, fire and water requirements, or other reasons, will be useful. Such information will provide OCFS with the opportunity to make additional improvements to enhance the licensing process by better quantifying pain points, eliminating barriers in the process or providing good customer service.

The National Resource Center for Diligent Recruitment (NRCDR) at AdoptUSKids has outlined guiding principles for good customer service in child welfare agencies.⁸⁸ The competencies needed for good customer service in business are the same professional competencies needed to engage, support, and retain foster, adoptive, and kinship families. From information collected through interviews with OCFS staff, we found that staff are already providing good customer service in some situations, but it is not always consistent, supported, or integrated into agency culture and policy. High performing customer service organizations and agencies create a sustainable climate and culture to encourage good customer service and prioritize providing such service to both internal and external customers. **OCFS will need to commit to culture change from leadership through to front line staff to effectively improve the recruitment and retention of resource parents.**

⁸⁸ National Resource Center for Diligent Recruitment at AdoptUSKids. Using Customer Service Concepts to Enhance Recruitment and Retention Practices. January 2013. Accessed by <http://www.nrcdr.org/assets/files/using-customer-service-concepts-to-enhance-recruitment-and-retention-practices.pdf>

55. Enhance engagement and responsiveness of the onboarding process for prospective and new resource parents

Communication and messaging to potential resource parents is the foundation of recruitment and it is crucial that the message is a positive one. In addition to a carefully constructed and consistent resource parent orientation for interested families, ongoing communication is key to maintaining their engagement in the licensing process. To supplement the work of A Family for ME, **OCFS should focus on the messaging and experience for potential resource parent once they reach OCFS – starting from the information session.**

Casey Family Services identified the following successful investments toward improving recruitment and retention infrastructure.⁸⁹

- Encouraging and welcoming prospective resource parents;
- Decreasing response time;
- Addressing barriers to facilitate licensing and other requirements;
- Streamlining process and reduce paperwork; and
- Developing performance indicators to measure success

To support transitions for prospective or new resource families, **PCG recommends that OCFS develop a formal outreach and response practice for new and potential resource parents.** At every stage in the process of engagement, a potential resource family is an asset that needs special attention and support. From the moment a prospective resource parent completes orientation, OCFS should be in regular contact with them. The licensing worker takes on the communication role in many of the early licensing steps, once an application is submitted. However, there should also be ongoing communication from the time that a potential resource parent shows interest – at orientation – to maximize the recruitment opportunity.

Initial post-orientation outreach should include a branded welcoming message, including information about the role and importance of resource parents, and individualized outreach to engage them to keep moving through the process, providing opportunities to encourage their participation. Family needs evolve from onboarding through to long-term fostering (see figures Figure 37 and Figure 38 below), and response plans should be tailored to each stage.

⁸⁹ Casey Family Programs. Effective Practices in Foster Parent Recruitment, Infrastructure and Retention. December 2014. Accessed by https://calswec.berkeley.edu/sites/default/files/effective_practices_in_foster_parent_recruitment_and_retention.pdf

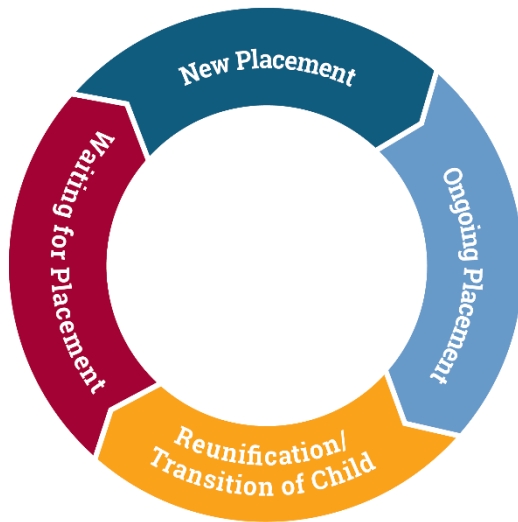


Figure 37: Fostering cycle



Figure 38: Licensing process

To reduce early disillusionment, **PCG recommends establishing transparency and continued contact with resource parents during the process, using investments like those proposed by Casey Family Services while they wait for a placement and to help the transition into their first placement.**

PCG recommends that OCFS enhance engagement and responsiveness of the onboarding process.

Recruitment of new foster parents continues to be a challenge, particularly when the greatest need for foster homes is specifically for hard-to-place children, based on age, behavior or history. The public often has a negative perception of foster parenting, which is a significant barrier to recruiting foster parents.⁹⁰ Most states engage in public recruitment campaigns to deliver a message about the importance of fostering and the need for families to participate. Some campaigns are targeted toward populations more likely to foster, such as people involved in agencies committed to volunteering, such as churches, or people in helping or healing professions.

OCFS has a contracted recruitment program, A Family For ME, which conducts outreach and refers families to the resource parent program. For the quarter, November 2018 through January 2019, A Family for ME reported having reached 276 outreach contacts, with 107 families expressing interest in attending an information session and 46 filing an application. OCFS received 284 new applications during this same period and licensed 189 new parents, including both foster and kinship parents.

⁹⁰ Marcenko, M., Brennan, K., & Lyons, S. (2009). Foster parent recruitment and retention: Developing resource families for Washington State's children in care. Accessed by http://partnersforourchildren.org/sites/default/files/publications/2009_foster_parent_recruitment_and_retention.pdf

The current OCFS offering to Resource Parents includes:

- *Resource Parent Care Team (RPCT) Liaisons*. This program provides one-on-one support to resource parents. It has been warmly received and viewed as successful.
- *Respite Care*. As needed, resource families may request respite time where the child in their care is temporarily cared for by another resource family in their home.
- *Statewide C.A.R.E.S. (Connecting, Advice, Resources, Education, Support)*. Meetings for Adoptive, Foster, and Kinship Families.
- *Adoptive and Foster Families of Maine (AFFM)*. This agency provides services including support groups, discount cards, allegation support and appreciation events. AFFM additionally operates the Foster Parent Mentor program, which connects resource parents with a peer resource parent volunteer to use as a support and resource.

In 2018 Adoptive and Foster Families of Maine (AFFM) conducted a survey of licensed resource parents and a survey of exiting resource parents, at license expiration. PCG has summarized conclusions drawn from the responses that are relevant for resource parent recruitment and retention planning. This summary can be found in Appendix E of this report and includes the following topics: resource parent mentorship program, value of licensing training, resource parent experiences with caseworkers, and AFFM support services.

Foster parents who feel supported by their agency and are happy and satisfied with their role as foster parents are more likely to speak to others about their experience.

OCFS should consider investing in improvements to the Foster Parent Mentor programs, by enhancing outreach and communication strategy. Resource parents surveyed by AFFM report having little to no direct outreach or communication from their mentor program. The AFFM survey question about this topic triggered curiosity and interest in the program among families who were not aware of the program, indicating in their

responses that it would be a welcomed service. Resource parents are busy juggling multiple responsibilities. Any program designed to support resource parents who may be overwhelmed or adjusting to a new placement should engage in active contact, from agency to resource parent. Services like mentoring should not remain dormant, waiting to be initiated by a resource parent in need.

Foster parents who feel supported by their agency and are happy and satisfied with their role as foster parents are more likely to speak to others about their experience, whether formally or informally. Existing and former families are typically the best recruitment resource.⁹¹

56. Improve relationships between resource parents and caseworkers

Each child and family is unique, and the child welfare system is complex. Even the best onboarding training cannot prepare resource parents for the unpredictability and impact of fostering. A healthy partnership between caseworkers and resource parents, and inclusion of the resource parent as part of the child and family's team reinforces a sense of respect, trust and transparency. Resource parents may need a consistent, reliable agency contact to answer questions, guide them through the system and to help them understand their role and expectations for each component of the process, including but not limited to family share, visits, court hearings,

⁹¹ Ibid

paternity testing, family team meetings, daycare or school, medical and specialist appointments, and relationships with biological parents.

Casey Family Services identified that successful retention strategies include the following elements⁹²:

- Being available and responsive;
- Organized peer support;
- Respite care;
- Training; and
- Tokens of appreciation.

In San Diego, caseworkers commit to promptly calling foster parents back within a certain amount of time, such as 24 hours, and to making monthly visits. Florida implemented a Quality Parenting Initiative (QPI) tasked with tailored recruitment strategies to the needs of foster parents in each district. Caseworkers and foster parents develop a QPI Partnership Plan together. Florida foster parents and caseworkers regularly submit feedback to each other about how well they are fulfilling the partnership plan.⁹³

In San Diego, caseworkers commit to promptly calling foster parents back within a certain amount of time, such as 24 hours, and to making monthly visits.

Keeping families feeling included and supported in their fostering role is a key element to foster family satisfaction and retention. Ideally families remain licensed as long as they have the space and desire to continue fostering. OCFS licensing workers and caseworkers report they have many reliable and successful long-term foster families. As families get acquainted with the child welfare process, OCFS can develop them as valued team members and partners who they retain for years. Foster families are an asset to OCFS and should be respected and treated according to customer service principles, to build a trusting professional relationship.⁹⁴

Florida implemented a Quality Parenting Initiative (QPI) tasked with tailored recruitment strategies to the needs of foster parents in each district. Foster parents and caseworkers regularly submit feedback to each other.

With the training opportunities, peer support, and appreciation events being handled by AFFM, OCFS can focus on making an impact on retention by supplementing these strategies. ***OCFS should provide a more personalized angle of support and engage directly with resource parents as a valued part of the team.***

PCG recommends that OCFS develop a Resource Parent Support Plan and dedicate more time to supporting resource parents to help them understand the process. Resource parents are both managing the day-to-day care of a child, and participating in the reunification process, in a system where every case is somewhat unique. From one placement to another, the process may look different. Resource parents are trying to stay informed and are often frustrated by a lack of knowledge, awareness, or understanding about the case status and next steps in the child welfare process. In addition to understanding the system processes, the child welfare system and the families it serves, as well as caregivers and children, have been exposed to multiple stressors and traumatic experiences. Resource

Keeping families feeling included and supported in their fostering role is a key element to foster family satisfaction and retention

⁹² Ibid

⁹³ <http://www.qpiflorida.org/pages/PartnershipPlan/PartnershipPlan.html>

⁹⁴ Ibid

parents are often seeking direct, personalized advice about the children they are caring for, though caseworkers typically spend only the occasional monthly visit with each resource family, when visiting the child in their care.

To enhance the caseworker-resource parent relationship, **OCFS should dedicate time and effort to identifying and meeting the needs of licensed resource parents by developing a plan for relationship-building practices.** A Resource Parent Support Plan establishes practices for timely response and communication, like an outreach and response plan for new and potential resource parents. The plan should include specific practices for timely response and direct contact time for caseworkers to build relationships and support resource parents⁹⁵.

Elements of a Resource Parent Support Plan

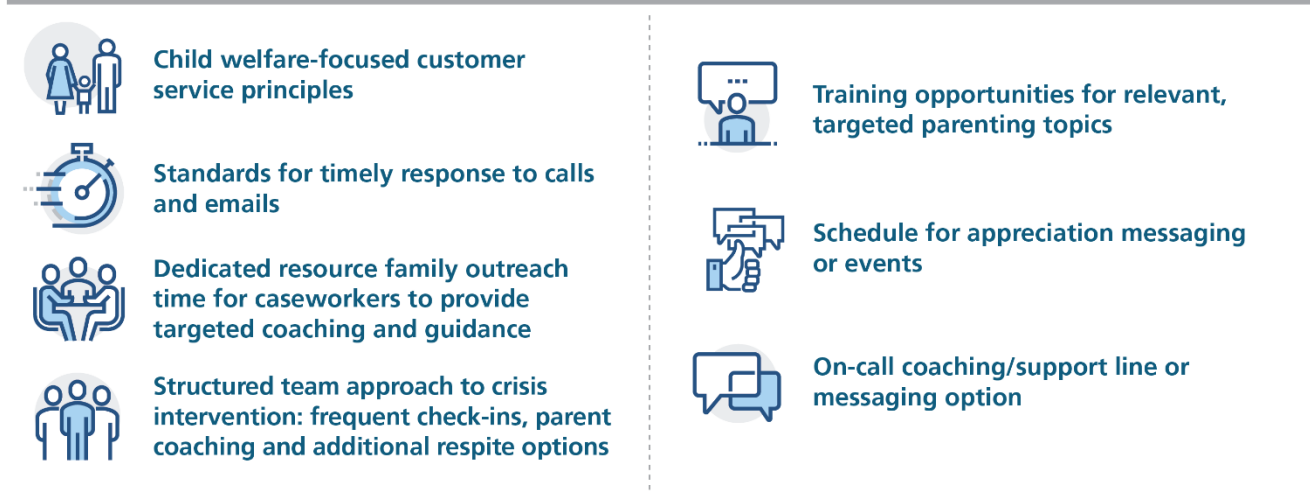


Figure 39: Elements of a Resource Parent Support Plan

While some elements may be delivered by a Licensing worker, the success of this plan in achieving retention of families relies on the strength of the primary OCFS relationship the family has, i.e., the relationship between the resource family and the caseworker. Caseworkers should be aware of and involved in oversight of a Resource Parent Support Plan. Implementation of this plan will require workers to allocate more concrete time to spend with resource families, more than the once per month. **PCG recommends applying the process and relationship concepts outlined by the National Resource Center for Diligent Recruitment at AdoptUSKids for using customer service concepts to enhance recruitment and retention practices, using email outreach, phone calls and/or face-to-face visits, specific to the family's needs and schedule.**⁹⁶

During PCG's assessment and process mapping, confidentiality concerns were noted as a reason why caseworkers often exclude resource parents from case details. Resource parents often feel uninformed, unappreciated or disrespected as a result of exclusion from meetings or case details. The Resource Parent Support Plan should outline the strategy for sharing as much as possible with the resource family, to promote the sense of a team, and convey respect and trust. In the spirit of teamwork, the caseworker should provide as much transparency as possible about why certain components of the family's situation cannot be shared.

⁹⁵ <http://www.qpiflorida.org/pages/PartnershipPlan/PartnershipPlan.html>

⁹⁶ Ibid

Many resource parents report wanting more help with how to nurture kids who have experienced trauma. **OCFS should take an active role in helping to integrate trauma-related caregiving skills into their contact with families, and to equip resource parents with the information they need to nurture and support the child(ren) in their care.** Caseworkers should be trained and prepared to provide on-demand coaching to foster parents and should also be able to directly recommend training or educational opportunities. By training caseworkers about child development science, such as specific self-regulatory and executive function skills, workers can emphasize and pass along knowledge and skills to resource parents, and biological parents. This training helps caseworkers to model healthy interactions and provide positive reinforcement for parents.⁹⁷

Anu Family Services in Wisconsin trains all their foster parents on topics that support their Model of Well-Being, including trauma, grief, loss, and permanency.⁹⁸ The Attachment, Regulation and Competency (ARC) Framework is a model that has been promoted for foster parent training/retention. ARC is an intervention and organizational framework to be used with a child's caregiving system that supports trauma-informed care.

The child in placement is as much a client of the caseworker as the biological parent and deserves the same level of attention and service provision to their caregivers. Following a model like ARC, caseworkers could become well-versed in understanding the basic concepts of trauma-informed caregiving, child development and behavior, and be able to coach and strategize with struggling foster parents to best care for the child. This type of direct caseworker guidance could be a core element to the caseworker-resource parent relationship.

The ARC framework focuses on strengthening the caregiving system surrounding children through enhancing supports, skills, and relational resources for adult caregivers. Caregiver supports, and the caregiver-child relationship are addressed through an emphasis on three primary targets:

- (1) Supporting caregivers in recognizing, understanding, accepting, and managing their own emotional and physiological responses, particularly as they relate to and impact parenting or child-care;
- (2) Enhancing rhythm and reciprocity in the caregiver-child relationship, and helping caregivers deepen their understanding of child behavior; and
- (3) Building effective, trauma-informed responses to child and adolescent behavior

57. Create a system to better match children to available resource families

MACWIS dashboard reports are not able to efficiently display factors like whether a resource home is accepting new placements, nor does it display the type of resource home or preferences or experiences of the resource family, such as preferred age or willingness to take medically needy children. This is not only problematic for accurate reporting of resources, it is also troublesome for caseworkers trying to place a child or sibling group. During this assessment, PCG found that each district currently tracks their resource homes manually, using a combination of exported MACWIS data and Excel spreadsheets to make notes about resource families and

⁹⁷ Harvard University Center on the Developing Child. Applying the Science of Child Development in Child Welfare Systems. October 2016. Accessed by https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2016/10/HCDC_ChildWelfareSystems_rev2017.pdf

⁹⁸ <https://www.anufs.org/>

placement availability. Staff also report there is some level of institutional knowledge about resource family reliability and availability in the field, not necessarily documented anywhere.

PCG recommends that OCFS update MACWIS' ability to identify more detail about licensed resource homes, including the data elements in Table 36 below, and the ability to easily produce a report with current lists of resources, with sort and filter capabilities. Without a consistent, written tool to document and recall OCFS experience with resource families and placement preference details, OCFS is at risk for knowledge loss and inaccurate assessment of resource availability, subsequently missing opportunities for the best placement matches between children and resource families.

Data Element	Description
Case specifics	Case number, child name, child age, location
Resource type	The type of resource home: kinship (relative or fictive kin), or, resource family/non-kin
License Status	The status of the resource home's license: Licensed-active, Licensed-in renewal, Expired license, License application pending, Unlicensed
Licensed number of children	The number of "licensed" children for each home (maximum number based on licensing requirements, related to number of rooms and size of room), not accounting for sibling exceptions
Placement preferences	Preferences, if any, the resource home has expressed interest or limitations in caring for, such as gender, age, race, ethnicity, special needs such as a disability
Willingness to provide respite and/or act as emergency placement	Respite-only, Able to provide respite or emergency (temporary) placement


Table 36: Recommended data elements to capture in MACWIS for resource homes

The ideal matching tool needs to know not only the needs of children, but the preferences, abilities and availability of families. With an increased level of detail, staff will be able to quickly and efficiently see all placement options. Ideally, this will help caseworkers to access the information they need to better match children with the right families, based on child demographics and a family's fostering history and preferences for children they are able to care for. Also, OCFS management will be able to track and measure resources to identify trends and problems more quickly, further decreasing placement disruption and increasing oversight of child safety.

PCG has created two matching tools for the Arkansas Division of Children and Family Services.

- One identifies resource parents that would meet the needs of children who were removed from their homes.
- The second was to match the needs of youth for whom an adoptive home was being sought.

Arkansas' case management system captures the characteristics of youth (e.g., gender, age, race, ethnicity, special needs such as a disability) as well as the preferences of families regarding the type of children they are willing to take into their homes (same criteria as the characteristics of youth). Location is also a factor, allowing children to be placed at least within the same county as their home. There are also other prepackaged software products on the market which provide the same function. The advantage of more closely matching child-caregiver characteristics, needs, and location is to promote stability and reduce placement disruption over time. While this may not be an immediate recommendation that OCFS can consider, it should consider the matching option as it continues with its CCWIS development.



Arkansas Foster Home Matching Tool

[Home](#)
[Downloads](#)
[Search](#)

Search for Matching Placements

To search for the most appropriate placement setting for a child or sibling group, begin by entering the number of children being placed (for example, if a brother and sister are being placed together, enter 2), followed by the children's home zip code. Searches may be confined to a set radius in miles (the default is 50 miles) from the home zip code. Identifying the size of the sibling group, when applicable, will provide users with a listing of providers with the capacity and willingness to house a sibling group. Entering the children's home or parents' zip code allows the tool to identify the closest placements available to the children's natural community within that specified distance.

How many children are being placed?

What is their home zip code?

How far away do you want to search? miles

Child Attributes

For each child being placed, please enter his or her sex and age, using "0" for a child who is not yet one. Then enter race and ethnicity, which are optional fields. Your matches on the next page will include only families who match on sex and age. You will see a Match Index score to reflect how closely the family matches on race and ethnicity.

Child	Sex	Age	Race (select all that apply)				Ethnicity
Child 1	<input type="text" value="Male"/>	<input type="text" value="4"/>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input checked="" type="checkbox"/> White	<input type="text" value="Not Hispanic or Latino"/>
Child 2	<input type="text" value="Female"/>	<input type="text" value="8"/>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> Black	<input checked="" type="checkbox"/> White	<input type="text" value="Not Hispanic or Latino"/>

Child Disabilities (optional, select all that apply)

Please select the disabilities that apply to any of the children being placed. For example, if three children are being placed and one is physically disabled while another is hearing-impaired, the user would select both options (since a placement provider is being sought that can handle both of those disabilities).

☐ Mental Retardation
☐ Deaf or Hearing Impaired
☒ Emotional Disability
☐ Developmental Delays
☐ Medical Condition

☐ Blind or Visually Impaired
☐ Physical Disability
☐ Learning Disability
☐ Behavioral Disorders
☐ HIV / AIDS

Figure 40: Arkansas foster home matching tool

Staff Well-being and Retention

Staff Well-being and Retention Recommendations

The report provides recommendations about helping staff better manage caseloads, increasing hiring and shifting administrative work to support staff in a way that will reduce the burden on caseworkers, allowing them to focus on the work of supporting children and families, and meeting state and federal Child Welfare requirements. We also recommend the following two additional supports to help support and retain staff.

Stressors are prevalent in the social work arena such as long hours, time constraints and deadlines, large and professionally challenging client caseloads, limited or inadequate resources, crises and emergencies, low pay, safety concerns, and lack of recognition and autonomy.

inadequate resources, crises and emergencies, low pay, safety concerns, and lack of recognition and autonomy.¹⁰¹

Child welfare workers are now considered first responders, along with EMS, firefighters and law enforcement, as they often are on the scene and see the similar, if not the same, traumatic events first hand.⁹⁹ The inherently stressful nature of child welfare work impacts the Department's ability to attract and retain quality staff. Research has recognized the risk of stress and burnout in social work, especially involving child welfare. A particular focus of the research has been on the effect of trauma on social workers in settings dealing with family violence, child protective services, sexual abuse, and grief and loss.¹⁰⁰ In addition to trauma, numerous other stressors are prevalent in the social work arena such as long hours, time constraints and deadlines, large and professionally challenging client caseloads, limited or

High turnover in child welfare has negative implications for the quality, consistency and expertise needed to address child safety.¹⁰² Turnover impacts child welfare outcomes throughout the continuum of services. The US General Accounting Office found that worker turnover causes delays in the timeliness of completing investigations and limits the frequency of worker visits with children, resulting in risks to child safety. The National Center on Crime and Delinquency determined that there was a direct correlation between high turnover rates and higher rates of repeat maltreatment at three, six and twelve months following an initial occurrence.¹⁰³ The quality and

⁹⁹ <https://www.childwelfare.gov/pubs/usermanuals/first-responders/>

¹⁰⁰ National Association of Social Workers [NASW]. (2008). Professional self-care and social work. *Social Work Speaks*, 268-272.

¹⁰¹ Whitaker, T., Weismiller, T., & Clark, E. (2006). *Assuring the sufficiency of a frontline workforce: A national study of licensed social workers*. Washington, DC: National Association of Social Workers.

¹⁰² Barak, M.E., Nissly, J.A & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis. *Social Service Review*, 75(4), 625-662.

¹⁰³ National Council on Crime and Delinquency. (2006). Relationship between staff turnover, child welfare system functioning and recurrent child abuse. Retrieved on December 4, 2015, from http://www.cpsr.us/workforceplanning/documents/06.02_Relation_Staff.pdf

timeliness of caseworker visits has been demonstrated to impact child welfare outcomes, and when a child experiences multiple caseworker changes, permanency can be delayed.

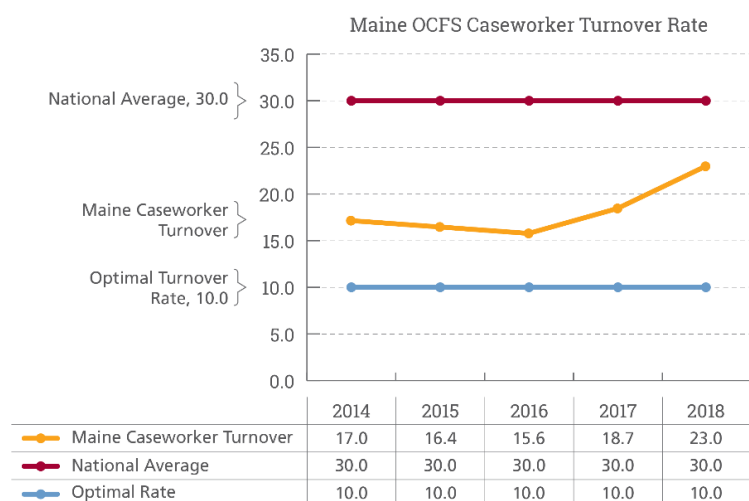


Figure 41: Maine OCFS caseworker turnover rate

According to Casey Family Services, the national average turnover rate among child welfare professionals is 30%, with an optimal turnover rate of 10 - 12%.¹⁰⁴ In calendar year 2018, OCFS's staff turnover rate was 23%, with 58% of those a result of resignation. This rate is below the national average, but 12.9 percentage points above the optimal turnover rate.

The OPEGA report released in February 2019, providing the perspectives of assessment, permanency and intake workers, found the OCFS workforce to be overwhelmed and/or overworked, with many

staff seeking employment elsewhere.¹⁰⁵

- Staff reported issues around work culture and stress. One third of the OCFS workforce reported they are actively seeking employment elsewhere, and others say they are likely or very likely to seek employment outside of OCFS in the next year.
- Staff discussed their experience of secondary trauma and feelings of personal safety.¹⁰⁶ They site stress, burnout and work-life balance issues as a pervasive part of the job.
- Almost half of the staff interviewed discussed the volume of work and staff shortages as problems impacting worker retention. Workers are not taking time off due to the workload burden they face catching up when they return. Most workers (84% of assessment and 82% of permanency workers) expressed that they felt unable to take time off within the last year because of their workloads. Workers are concerned that child safety is at risk and the quality of work is suffering because workers

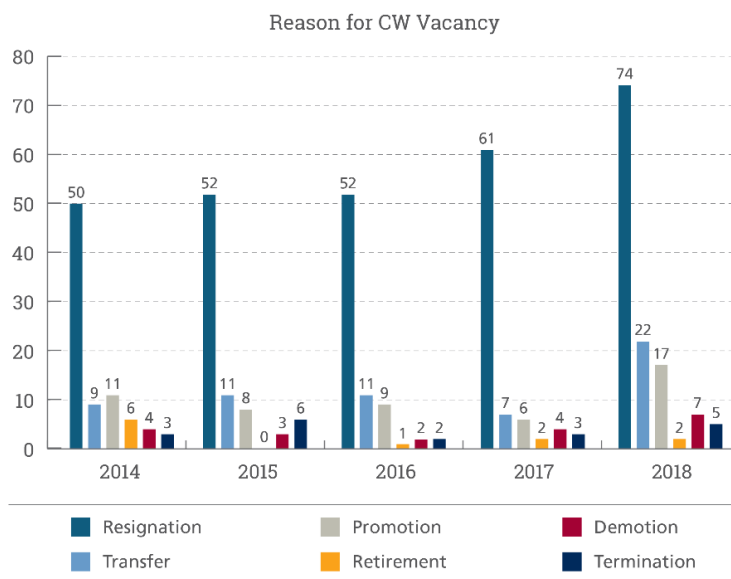


Figure 42: Reason for caseworker vacancy

¹⁰⁴ <https://www.casey.org/turnover-costs-and-retention-strategies/>

¹⁰⁵ OPEGA. Frontline Workers in the State Child Protective System: Perspectives on Factors That Impact Effectiveness and Efficiency of Child Protective Work. February 2019.

¹⁰⁶ Ibid

and the system are overwhelmed. Workload requirements also compete with the time workers are free to participate in career-focused self-care or professional development activities.

Human Resource professionals put the financial cost of turnover at 50% to 200% of a position's annual salary.

Fiscal costs of turnover of the rapid and constant turnover of child welfare workers include a combination of direct costs (advertising, time spent interviewing, background and reference checks, training) as well as indirect costs (such as low morale and increased workloads when staff leave, liability of the organization due to inexperience and impact on outcomes of safety, permanence and well-being). Human Resource professionals put the financial cost of turnover at 50% to 200% of a position's annual salary.

PCG conducted a review of OCFS' permanency caseloads to examine the number of cases and children served per caseworker. We found:

- Maine's average permanency worker caseloads are below the national average, though caseworker responsibilities vary by state to state. In Maine, caseworkers carry a heavier burden of administrative tasks.
- Permanency caseworkers in Districts 1 and 5 have the highest caseload sizes as well as number of children on their caseload – District 1 averages 11 cases per worker and 21 children per case, and District 5 averages 12 cases per worker and 24 children per case in District, while the other districts range 8-9 cases per worker and 16-19 children per case.
- Permanency caseworkers employed between 5-9 years have the highest caseloads; carrying 13 cases on average.

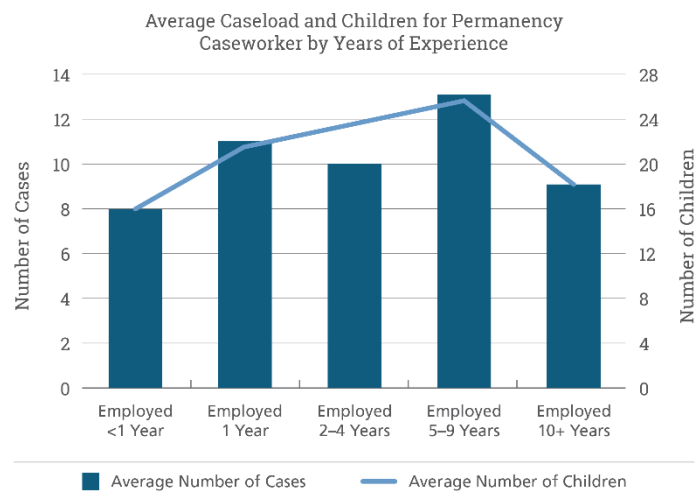


Figure 43: Caseload and children in caseloads per caseworker

OCFS is already taking steps to reduce turnover and increase worker retention. **PCG has worked with OCFS throughout this engagement to enhance a workload analysis tool, which should help OCFS better manage workloads going forward and hopefully reduce worker turnover and stress.** Additionally, OCFS has requested approval of additional caseworker positions. New positions added in the last two years have included: 2 Regional Associate Directors, 16 supervisors, 16 caseworkers, 8 case aides. OCFS has demonstrated its dedication to staff retention through the appropriation of funds to increase the salaries for almost all field staff. With the recommendations below, the agency will be better equipped to support child safety and appropriate reunification planning. Workers who have a healthier awareness and treatment of stress will have time to focus on increasing the quality of their case practice.

Maine has implemented the Child Welfare Caseworker Competency Based Screening and Selection Process, which is considered a best practice according to the National Child Welfare Workforce Institute, to enhance capacity to recruit, select and retain a qualified workforce. In addition to a robust hiring model for recruiting the right staff to realize gains in job matching and retention, long-term retention of caseworkers requires intervention as well.

58. Cultivate a positive organizational culture and nurture a resilient workforce by addressing secondary traumatic stress and establishing Workforce Wellness workgroups

As noted above, child welfare work takes its toll in the form of cumulative or secondary traumatic stress. Since caseworkers are the primary service delivery instrument within child welfare, it is critical that leaders invest in building a resilient workforce. OCFS caseworkers report that debriefing, and counseling is available, but many do not access these benefits either because of a lack of time, or because of a stigma or a sense that this kind of stress is “just part of the job” and should be handled individually. Chronic feelings of de-personalization and exhaustion increase the likelihood for turnover in jobs; burned out and desensitized social workers cannot properly address the needs of their vulnerable clients.¹⁰⁷

To accomplish the goal of building a resilient workforce, OCFS should develop educational training sessions for direct staff, supervisors, and managers/administrators related to secondary trauma. Intervention tools, such as the Critical Incident Stress Management Model (CISM), help those involved in a critical incident to share their experiences, and learn about stress reactions and symptoms.

Trainings, such as CISM, should include:

- Identification of secondary traumatic stress (STS);
- Impact of STS on the brain (executive function) and performance;
- Impact of STS on the organization, team and caseworker;
- Description of how leaders can address secondary traumatic stress, support staff and ensure accountability to work; and
- Describe how the organization, supervisors and managers and staff can cultivate a positive organizational climate and culture.

Critical Incident Stress Management Model (CISM) is an intervention protocol for helping those involved in a critical incident to share their experiences and learn about stress reactions and symptoms. CISM has been implemented across the country in various jurisdictions, including the State of Louisiana and Buncombe County, North Carolina. A curriculum such as CISM, can help child welfare staff to define secondary trauma, understand the symptoms of it, the neuroscience of how it impacts executive function and therefore, critical thinking and performance and relationships, both at work and in their personal lives. The session will also focus on what individuals, organizations, and leaders can do to mitigate secondary trauma impact through a variety of strategies.

CISM is structured to focus on each level of child welfare personnel. Below is a sample of a CISM focus for direct staff, supervisory/manager level staff, and executive level staff.

- *Direct staff session focus:* Focused on the definition & impact of secondary traumatic stress (STS); identification of secondary traumatic stress; organizational, team and individual strategies to address STS; utilization of established trauma teams to support them and mitigate STS; personal action planning to implement strategies for themselves, how to support peers, and other solutions and ideas to share with leadership.

¹⁰⁷ Robb, M. (2004). Burned out—and at Risk. Practice Pointers. Retrieved from http://www.naswassurance.org/pdf/PP_Burnout_Final.pdf

- *Supervisory/Manager session focus:* Focused on organizational aspects of addressing secondary trauma. These include: Identification of secondary traumatic stress from supervisory/manager lens; impact of STS on the organization, team and individual practitioner; how supervisors/managers can cultivate positive organizational climate & culture within their teams and throughout the organization and action planning to implement strategies within their teams.
- *Executive Team session focus:* High-level overview focused on the organizational view of secondary trauma and its impact, as well as solutions. Session will include: Identification of secondary traumatic stress; impact of STS on executive function; impact of STS on the organization, team and individual practitioner; how leaders can cultivate positive organizational climate & culture and action planning to implement strategies within the organization.

PCG recommends that OCFS engage staff in “workforce well-being” teams for each region that are organizationally focused, and staff led, allowing for consistent engagement and feedback of staff on a variety of topics.

A National Association of Social Workers (NASW) study reported the importance of internal support and professional self-care in promoting the mental and physical well-being of the worker.¹⁰⁸ The NASW recommends that administrators demonstrate support for the well-being of its workforce by reflecting self-care in policies and via the evaluation process, offering supportive supervision, and ongoing debriefing after traumatic or stressful occurrences. The Texas Department of Family and Protective Services (DFPS) implemented strategies, including increased emphasis on organizational culture, that resulted in a 27.5 percent decrease in caseworker turnover in just over one year.¹⁰⁹ They have found that changes in leadership, training, and agency culture are all needed to stabilize the workforce and sustain lower levels of turnover over time.

The Texas Department of Family and Protective Services (DFPS) implemented strategies, including increased emphasis on organizational culture, that resulted in a 27.5 percent decrease in caseworker turnover in just over one year.

A team workforce-focused team is critical to cultivating a positive and transparent organizational culture that promotes retention of caseworkers. A successful workgroup will include the following elements:

- *Establish structure and encourage staff involvement* – Resilient workforce teams will meet on a regular, ongoing basis, beginning with facilitation to establish ground rules, provide structure and encourage staff involvement. Meetings will at first focus on mapping the organizational climate; brainstorming and grouping key themes such as concerns, strengths, and issues; and identifying and implementing possible solutions, and identifying ways to better support staff following crises or traumatic events.
- *Identify and understand root causes of organizational climate issues* – All information is shared freely with leadership to create an environment allowing caseworkers to have a facilitated conversation about their concerns. This allows leadership to address issues immediately.
- *Ongoing, oversight support for the workgroup* – Continue to support team efforts to improve organizational culture and assist with any ongoing issues.

¹⁰⁸ National Association of Social Workers [NASW]. (2008). Professional self-care and social work. Social Work Speaks, 268-272.

¹⁰⁹ Casey Family Programs. “How did Texas decrease caseworker turnover and stabilize its workforce?” May 2018. Accessed by <https://www.casey.org/texas-turnover-reduction/>

Implementation of workforce well-being teams help to structure engagement of caseworkers, led by their peers who are coached to have an organizational lens.

Background Checks

Background Checks Recommendations

Child Welfare departments use background checks as a critical tool to determine the safety and risk of caregivers and other people in a child's life. They are conducted for parents when a case is being investigated, when people apply to become licensed foster homes, when people apply for guardianship or adoption, and throughout the life of a case, such as when kinship placements are being evaluated or other relatives or nonrelatives are living in the same home as the child. In addition, the department also handles background check requests for daycare providers, respite providers, teachers, social workers, driver's education providers for youth in transition, and other occupations with significant child interaction. Each background check takes between three (3) to twenty (20) minutes to complete depending on the length of records retrieved and the number of aliases for an individual. In some instances, the complete background check could take several hours if the individual has multiple aliases.

Federal law under Title IV-E of the Social Security Act requires completion of criminal record checks, including fingerprinting and checks of the current child abuse and neglect registry and that of any other state where the adult has lived within the past five years. According to the Children's Bureau, while all states require state-level criminal background checks, most also require national-level checks as well.¹¹⁰ However, federal legislation left it up to the state's discretion as to which source(s) to use.¹¹¹

According to the OCFS Background Check policy, at least four separate checks must be run:

1. A criminal background check is to be conducted through the public State Bureau of Investigation (SBI);
2. A check of the child abuse system within OCFS is to be conducted to identify any prior child maltreatment history;
3. A check of the Sex Offender Registry is to be conducted to confirm the individual is not on the registry; and
4. A Bureau of Motor Vehicles check is to be conducted, for example felony DUI convictions.

According to OCFS the policy for III. A. Indian Child Welfare Policy, when Indian heritage has been identified for a child in care, additional checks are required through the tribal legal system.

As of December 2018, Maine OCFS was granted access to the National Crime Index Center (NCIC), Interstate Identification Index (III), and the SBI system. This is a valuable and unique opportunity to more thoroughly evaluate criminal history of people within an open investigation, as well as those who will provide care and support to Maine's child abuse victims. OCFS' newly established background check unit consists of one (1) caseworker, one (1) supervisor and two (2) administrative staff and have taken on all III checks and all other background checks for District 1. PCG recognizes that the background check unit was created by OCFS in response to legislation (LD

¹¹⁰ <https://www.childwelfare.gov/pubPDFs/background.pdf>

¹¹¹ https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=62

1921) that allows DHHS to obtain private criminal information, such as the result of a deferred disposition. This bill went into effect December 13, 2018 and policies have not been completely finalized. However, the early findings from the unit make clear the importance of developing a more consistent process for running the enhanced background checks across the organization.

59. Streamline and expand the capabilities of the background check unit

Currently in Maine, national checks are a two-part process when a safety risk is identified, due to the confidentiality of NCIC and III results. To obtain the evidence needed for legal documentation, caseworkers must conduct a second records request, following the work of OCFS's background check unit.

1. First, the OCFS background check unit runs queries, which produce confidential results that cannot be shared with the field. Queries returning a criminal history result are flagged by the background check unit as potential safety risks, and they send a form notifying the district caseworker of the related report. If the risk of harm to the child or caseworker is potentially immediate or severe, the unit supervisor also calls the caseworker or their supervisor to notify them that action must be taken immediately. However, they are unable to disclose the specific concern without the report.
2. If a risk is found, then caseworkers must directly contact local police departments to request copies of the reports related to the safety risk indicated by the background check unit findings. Policy department procedure on releasing records vary across the country, and by districts within states. This process can be delayed if the caseworker does not know the specific request process required for that state/jurisdiction, if police department refuses to share a report or if records have been expunged.

Without the knowledge about how to request records correctly the first time, or without a dedicated staff to conduct follow-up requests with local police departments, the process faces inefficiencies that cost OCFS time and risk the potential loss of access to critical documentation related to child and family safety.

OCFS should identify clear policies and procedures for when enhanced background checks are needed and identify resources to conduct additional checks, including staff. Guidance to staff on how to conduct these requests, or a dedicated set of staff could expedite evidence collection. OCFS should specifically consider adding additional caseworkers to their background check unit to manage requests and workflow. A more predictable and accurate records request process could also help to create more effective relationships with police departments.

When the background check unit was initially created, two (2) administrative level staff were assigned in addition to the caseworker and supervisor, but it was quickly discovered that staff completing the checks needed more advanced training, as much of the job requires interpreting and evaluating findings as they relate to child wellbeing and safety.

OCFS should expand the background check unit to provide background checks equally to all districts. The background check unit's current ability to provide timely service to all other OCFS districts is limited, with caseworkers most districts responsible for conducting their own, traditional background checks, and making special requests to the central background check unit, as needed, for individuals they know have lived out of state and need a national background check. To meet the goal of a comprehensive background check process, national checks should be run for all individuals, even if out of state residency is not known.

Despite the limited reach that the central background check unit has had to-date, as of March 2019, over 1,200 III and SBI background checks have been completed. According to unit staff, these additional checks have

uncovered significant safety risks. Therefore, making these enhanced checks more broadly available across OCFS would improve the safety of children.

Quality Assurance (QA) and Quality Improvement (QI)

60. Clarify goals and objectives for QA and QI

The QA department has been around for several years. It is comprised of eight (8) people, one (1) in each district who are divided equally into two (2) teams: the Eckerd Rapid Safety Feedback team and the Child & Family Services Review (CFSR) team. Eckerd staff are tasked with reviewing current assessments for safety risks. While the CFSR team is solely responsible for using the federal case review tool to complete 65 in-depth, case reviews over the course of the year (approximately 5 or 6 per month) to monitor quality and alignment with national standards.

Traditionally, the QA department has been instrumental in organizing district Quality Circles, consisting of the PA/APA and caseworkers, to review, suggest, and champion district-level practice improvements. QA has also historically been heavily involved in PIP and QIP planning and discussion. In addition, the CFSR team has taken on small research projects, like evaluating current trends in case reports, and provided staff training on CFSR requirements. However, according to staff, Quality Circles have nearly dissolved in some districts, they have been less involved with the PIP process, and they have not conducted any recent research or department training.

The QI department similarly consists of eight staff, one in each district. However, this team was started in January 2018, and they were trained by the QA staff to conduct permanency case reviews to offer more real-time feedback about case practice at a district level. QI staff were selected for these positions because they were recognized as exceptional caseworkers. Unlike QA staff, these positions are designed to be two-year rotating positions after which time staff will return to carrying a caseload full-time. QI staff review a subset of active cases, meet with the caseworker and supervisor of the case, and offer feedback on case practice. Staff anecdotally report that in recent months department objectives for QI have become less clear.

At least one of the functions of OCFS' Operations Department also appears to be related to Continuous Quality Improvement (CQI). They release regular reports pulled from MACWIS data to district program administrators and OCFS management to help inform practice decisions.

Quality Assurance (QA), Quality Improvement (QI), and Operations departments provide critical review and feedback necessary for continuous quality improvement.

Both QA and QI staff anecdotally report that they have served “catch all” functions at various times to include:

- Providing ongoing caseload coverage when staffing has fallen short;
- Researching current trends within the department; and

- Providing training to staff on federal casework requirements.

Most recently, the entire Eckerd Rapid Safety team was transferred or promoted to other positions, which left a gap in assessment review. Consequently, QI staff were asked to stop reviewing permanency cases and to review current assessments instead while the department works to fill vacancies. This has led to some confusion about their role within the department. **Therefore, PCG recommends reviewing the needs of OCFS and clarifying goals and objectives for both QA and QI departments.**

After review of goals and objectives for QA and QI, **PCG recommends that OCFS identify other current unmet needs.** Examples include:

- Create a monitoring program for contract performance management,
- Develop a structure and pipeline for using data to inform and drive OCFS staff training, and
- Develop staff-led groups to field-test new ideas, champion buy-in, and assist with peer training.

QA, QI, and Operations appear to serve complimentary functions. QA's extensive knowledge of the CFSR federal requirements, review of assessments with the Eckerd tool, in combination with QI's focus on good casework practice in permanency and Operations' access and knowledge of quantitative measurements, is an invaluable opportunity to develop a more thorough picture of district and organizational status, make data-driven decisions to inform OCFS policy and practice, and encourage continuous quality improvement. **For these reasons, OCFS should seek to structure more formalized collaboration between these departments through the development of a comprehensive Continuous Quality Improvement team.**

Visitation

Visitation Recommendations

Supervised visitation is a critical element in reunification planning for families. Parents must have time with their children to practice and demonstrate improved parenting skills and maintain bonding attachments. Visitation is meant to reduce the trauma to the child caused by being removed from the home.¹¹² According to Partners for Our Children, “Contact between a child and his/her biological family is the single most important factor related to whether the child remains in out-of-home care.”¹¹³

Partners for Our Children noted that best practice is for the first visit to occur within 48 hours of removal from the home.¹¹⁴ Delaying visits can be emotionally harmful to the child and alienate parents, reducing the likelihood that they will trust the child welfare department or participate in services.¹¹⁵ Current OCFS visitation policy requires that caseworkers schedule visitation with the child’s parents and siblings within seven (7) days of the issuance of the preliminary protection order, unless there is a compelling reason not to do so. MACWIS does not currently offer a reliable way to track the frequency of visits, however OCFS staff report there are barriers to meeting the 7-day policy that make a 48-hour policy unrealistic currently, such as difficulty locating the parent and difficulty finding available supervised visitation staffing or location to hold the visit.

Some states, like Illinois, have chosen to train staff and supervise most visits themselves, as opposed to contracting the service. Other states, like North Carolina, contract out all visit supervision. OCFS contracts with two (2) visitation agencies to provide most supervised visitation. Contracted visitation supports OCFS’ ability to meet visitation requirements, however, ensuring consistency in the provision of services, including requiring or providing adequate training for individuals providing supervision, and tracking the quality and progress of visitations are key factors for success.

Currently, OCFS purchases units or hours from an agency, against which time can be billed for specific services, like supervising visits, attending meetings about the family, and providing transportation for the children to/from the visit. Those units/hours are then apportioned into monthly allotments for the whole year. This results in:

- Some district offices report routinely maxing out their monthly allotted units and having to wait until a new month starts to resume billing; and
- Contracted agencies that are frequently short staffed, so even if there are units available, there may be a delay from the contract agency to schedule families for supervised visits. In these circumstances, **families could wait up to a month to get on a schedule to have a supervised visit.**

¹¹² <https://spaulding.org/wp-content/uploads/2018/10/Permanency-Support-and-Preservation-Services-Survey-Report-A-Snapshot-9-29-14.pdf>

¹¹³ <http://partnersforourchildren.org/sites/default/files/Visitation%20Brief%202012-31-14.pdf>

¹¹⁴ <http://partnersforourchildren.org/sites/default/files/Visitation%20Brief%202012-31-14.pdf>

¹¹⁵ <http://childlaw.unm.edu/docs/BEST-PRACTICES/0709-Parent-ChildVisitation.pdf>

This means that visits either do not occur within seven (7) days or first few weeks, and those that do occur are often supervised by DHHS caseworkers and case aides. As caseworkers are already overburdened by other casework and administrative tasks, it is not practical nor an effective use of resources to *only* have DHHS caseworkers supervise visits.

#	Recommendations
61	Track frequency and quality of visitation so that permanency outcomes are measurable and contracts can be accurately budgeted
62	Ensure adequate training for contracted supervisors and case aides

Table 37: Visitation Recommendations

61. Track frequency and quality of visitation so that permanency outcomes are measurable and contracts can be accurately budgeted

Staff estimate that 75 to 80 percent of supervised visits are contracted out to the two (2) visitation agencies. The remainder are conducted by case aides and caseworkers. Unfortunately, MACWIS does not have a way to track the actual proportion of visits covered by a provider agency, so data is unavailable to validate this claim. The lack of data is problematic for fully supporting current services, as well as budgeting for future needs. The random moment time survey, which was completed early on in this assessment, found that during an average month, support staff and specialists spend an average of eight (8) to ten (10) hours each month providing supervised visitation, while all visitation is intended to be completed by contract agencies. Ideally, OCFS would shift the time spent by OCFS staff on visitation to the contracted visitation agencies.

OCFS currently uses a template to document visits supervised by contracted agencies, case aides, and caseworkers, that includes information about what occurred during the visit. These notes are then entered into MACWIS client files as case notes for caseworker review. The visit template offers a standard structure to document observations. To aggregate the frequency and location of visits, and track progress toward aligning its visitation timelines with national best practice recommendations that children visit with parents and siblings within 48 hours of removal from the home, **OCFS will need to update visitation documentation and MACWIS practices.**

In terms of accurately capturing the content of a visit, if staff aren't properly trained in what to look for during visits, important information may be missing from the case note record. There is concern that lack of training for contract staff and case aides not only opens OCFS to unnecessary risk of missing a critical element of parent-child interaction, but also creates a missed opportunity to use supervised visitation to better engage with and assess families.¹¹⁶

¹¹⁶ http://www.dhs.state.or.us/caf/safety_model/procedure_manual/appendices/ch4-app/4-15.pdf

Data should be driving decisions about funding and resource allocation. Without information on the frequency and quality of visits, OCFS is unable to:

1. Demonstrate if policy requirements are being met for supervised visitation within a certain timeframe of removal, and as intended (i.e. frequency)
2. Evaluate effectiveness of visitation on reunification and permanency outcomes
3. Accurately budget and plan for anticipated needs and performance requirements with contracted visitation agencies

Therefore, OCFS should begin to track frequency and quality of visitation, by requiring contract agencies and case aids to document and report additional data points, including but not limited to visit date, supervising agency, name of visit supervisor, location of visit. MACWIS functionality or other visitation tracking must be employed to capture and aggregate this information cross-case and cross-agency. In addition to frequency and location of visits, quality of visits must also be captured. Visit documentation templates should provide guidance on expectations of visit supervisors and tips about key indicators to observe and document. Periodic shadowing of supervised visits should occur, by a trained OCFS staff, to assess the quality of their supervision and documentation.

62. Ensure adequate training for contracted supervisors and case aides

There is currently no requirement that staff supervising visitation in Maine have specific credentials or training in child development and healthy parenting, or in abuse, neglect and substance use – common areas of concern for families involved with OCFS. The Texas Department of Family and Protective Services states that best practice for visitation requires a sufficient level of detail and planning so that everyone involved in the visits understands:

1. How visits will benefit the child and family
2. How visits will happen
3. What should and should not occur during visits
4. What to do when problems arise¹¹⁷

OCFS should work to ensure staff supervising visitation are trained in child development, parenting techniques, and how to look for risky/inappropriate parental behavior. Supervised visits should capitalize on the opportunity to improve parenting skills and employ strategies to engage parents whenever possible. In other words, training to provide supervised visits is essential in making the visit beneficial for both parent and child. The Supervised Visitation Network (SVN) *Standards for Supervised Visitation Practice* recommends that in addition to shadowing, observation and coaching by a previously trained visit supervisor, training for supportive supervision staff must include child welfare topics such as safety, boundaries, stages of child development, mandatory reporting, domestic violence, substance use, parenting skills, behaviors that facilitate positive attachment, separation, and reconnection, and cultural sensitivity and diversity.¹¹⁸ Therefore, it is imperative that contract agencies and case aides, when needed, have sufficient training before supervising visits.

Training offerings should include:

- Collaborating with community partners and offering OCFS trainings,
- Updating the list of required trainings, and

¹¹⁷ https://www.dfps.state.tx.us/Child_Protection/State_Care/documents/Visitation_Best_Practice_Guide.pdf

¹¹⁸ https://www.afccnet.org/Portals/0/PublicDocuments/Guidelines/Supervised_Visitation_Network-StandardsFinal7-14-06.pdf

- Developing quality assurance mechanisms to ensure that staff have completed required trainings.

When it is necessary to utilize case aides to provide visit supervision, OCFS must ensure that, at a minimum, such staff have received the same training as that to be required of contract agency personnel.

Lastly, best practice states that parents and children should be provided opportunities to interact in as least restrictive settings as possible that mimic family environments.¹¹⁹

OCFS' current visitation policy states that it is up to the caseworker, in consultation with a supervisor, to determine if visitation can commence on an unsupervised basis or if a certain level of supervision (facilitated/monitored/in-home) is required. OCFS policy further states that when visits need to be supervised, the reasons should be clearly outlined and documented in the plan created with the parents, and the plan will outline steps to assist the family in progressing toward safe, unsupervised contact as soon as possible.

Best practice also states that visitation should be a regular part of team discussion, using the caseworker, parents, and providers to weigh in on child safety and risk factors to determine the appropriate type of visitation to be carried out throughout the life of the case.¹²⁰

However, in practice, members of Staff Collaborative Workgroup state that this can be a very complicated undertaking without clear guidance or benchmarks for making these decisions. It is recognized that, at times, visits are required as part of a court order. However, when the decision for visitation frequency and setting is left to the discretion of the child welfare department, there is an opportunity for the department to offer visitation guidance based on child safety, risk factors, and case plan goals for permanency. The University of Pittsburgh School of Social Work developed a training curriculum toward caseworkers specifically around planning and assessing visitation needs.¹²¹ **OCFS should consider utilizing best practice training to develop desk guides for caseworkers to use to guide team discussion of visitation requirements and define criteria to be met for step down supervision needs.** Guides should consider current feedback from visit supervisors about parental skill demonstration, continuing risk factors (like drug use, history of domestic violence, stage of recovery), information from mental, behavioral, or substance use providers, and feedback from close friends and family.

¹¹⁹ Munoz, Lina. (2013) Preserving the Bond: Child Welfare Professionals' Perspectives on the Opportunities and Challenges of Parent-Child Visitation. Loyola eCommons.

¹²⁰ Ibid

¹²¹ http://www.pacwrc.pitt.edu/Curriculum/209_Visitation_HrtPrmnncyPlnnng/Content/209%20Vstn_HrtPermPlng_IG-9-18-17.pdf

Transportation

Transportation Recommendations

Foster families rely on access to transportation to carry out day-to-day activities for children in their care, like attending school or medical appointments, and activities that are unique to the out-of-home placement of children, such as visitation or attendance at court. OCFS contracts with several regional transportation programs and regional Community Action Programs (CAP) agencies, across districts to provide transportation services to children in care, but staff report that these services are not always accessible and do not always meet the needs of children and their families, especially teens, who may have less consistency in their schedule or who cannot always anticipate their transportation needs in advance. OCFS contracted vendors utilize volunteer drivers to transport children who are referred to their agencies by OCFS staff. However, **not all transportation needs are met by these agencies; in some cases, case aides and even caseworkers provide transportation when necessary.** A review of current policies and discussions with OCFS staff and supervisors have revealed several ways in which OCFS could improve the way that transportation services are provided to children in care.

#	Recommendations
63	Improve data collection of service utilization and review transportation needs to optimize services
64	Clarify program scheduling process and eligibility rules

Table 38: Transportation Recommendations

63. Improve data collection of service utilization and review transportation needs to optimize services

Much like visitation, OCFS does not have a reliable way of capturing information about transportation services, other than through case narratives or reporting related to contract requirements and billing. As a result, while anecdotally there is an awareness that additional transportation supports are necessary, there are not sufficient data to quantify the extent to which such services are needed. OCFS is currently investigating the potential for changing the way it contracts for transportation services, but the lack of data around current needs, and the capacity to meet them, must still be addressed. In some cases, referrals for transportation are entered in MACWIS, but it appears that this is not done consistently, even within offices, making this an unreliable source to quantify need. To understand the scale of need, OCFS must capture, at a minimum:

Data Element	Description
Case specifics	Case number, child name, child age
Requests for transportation	The total number of requests made in each office or district
Reason why transportation is needed	The approved category of need the transportation request is supporting

Data Element	Description
Whether the request was fulfilled	The extent to which the request was filled, and why or how it was or was not filled
How far in advance the request was made	The length of turnaround time between when the request was made, the request was processed, and transportation was provided
Office/district from which the request was made and where service was delivered	The district (or office, if possible) from which the request was received and delivered
Distance travelled ¹²²	Distance of the trip in miles

Table 39: Data elements to capture for transportation

Collecting this information for each trip will allow OCFS to better understand both the nature of the need for transportation among parents and youth in placement, and the relative success that the current resources are having in meeting that need. If MACWIS has the capability to capture transportation referrals, then OCFS should provide guidance and training to staff to improve data collection and data entry; and all offices should be required to record information in the same way. However, the data on referrals is not enough to assess OCFS' transportation services landscape. **OCFS should look to create a simple reporting tool to capture this information, including how often parents request transportation, if they received that transportation, and how much time it took to get to their destinations.** Ideally, OCFS can link the new CCWIS system with the current system used by transportation providers to get the information needed about transportations services, as seamlessly as possible.

64. Clarify program scheduling process and eligibility rules

PCG received feedback from OCFS staff that transportation services were difficult to arrange, especially for older children, for extracurricular activities, or for events that take place after 5pm.

However, according to OCFS policy, extracurricular activities are not eligible for transportation assistance, as that is the responsibility of foster parents. As Section V. G-3 states, "Transportation of children for shopping, recreational, or extracurricular activities is the responsibility of the foster parent or caregiver."

Although there is a provision for exceptions for unusual situations, it may be that there is a fundamental lack of knowledge around what is eligible for transportation assistance. **We recommend creating a guide for foster parents and OCFS staff that defines qualifying transportation services, when and how they can be accessed, and includes examples of scenarios that are NOT eligible** to help provide clarity, reduce confusion, and avoid overuse of the limited number of available trips.

In Recommendation 63, we note that there are differences in the ways that transportation is arranged and provided across offices and districts, and the varying role of case aides in this process. To facilitate efficient tracking of data, the **process should be managed through a central point of contact in each office, with responsibility for transportation referrals shifted from caseworkers to case aides.** That central point of contact should be the person best positioned to take on this task, regardless of position within OCFS. As an example, with the case

¹²² This is captured under current contracts as it is used for reimbursement for certain services.

aide as the central point of contact, caseworkers would direct all transportation referrals through this single point of contact, who would then manage the process – reporting back to the caseworkers as necessary and reaching out to families directly to provide or gather additional information. This will be especially important as OCFS looks at additional transportation contracting options, which could lead to new business processes to submit and track transportation referrals.

OCFS reported that in the past, parents could reach out directly to transportation vendors to arrange for transportation for foster children. Currently, the only transportation that parents can access directly is through MaineCare, which only supports MaineCare-covered appointment. To reduce the potential for ineligible trips, parent-initiated referrals should be allowed only for regularly scheduled trips under a certain number of miles that have received prior approval. Allowing families some control like this, over the transportation request process, makes the process less burdensome for parents, children, and caseworkers alike. Direct reimbursement to families for transportation of children, using a mileage reimbursement rate, is another way to provide control and reduce the use of contracted transportation services.

Post-Adoption

Post-Adoption Recommendations

According to the Child Welfare Information Gateway, it is important to “incorporate adoption services and support into multiple areas of practice, including early assessment of children and youth; gathering thorough background information on each child to share with the family; and early engagement, preparation, development, and support of parents who are adopting. This work involves both:

- Preparing families thoroughly for adoption, and
- Providing families with information about available support before they finalize an adoption.”¹²³

In other words, best practice states post-adoption support services should begin long before children leave OCFS custody. While the Adoption and Safe Families Act of 1997 (ASFA) focused efforts on promoting adoption, research has also acknowledged the need for adoption support and preservation services to support, stabilize and preserve adopted families. This change from post-adoption to adoption support and preservation services reflects a shift in thinking in terms of purpose, rather than timing of services. “By providing services early in the process of working with children and prospective adoptive parents, professionals can prepare and assess both children and adoptive parents in ways that will help them be better positioned for successful, stable adoptions.”¹²⁴

The OCFS VIII. B-1. Adoption Recruitment, Placement and Supervision policy states that “minimum expectation is that the district staff will provide consultation to the adoptive parent[s] and inform them of post adoption services and funding that are presently available.”

According to listening sessions and collaborative staff discussions facilitated by PCG, Maine OCFS offers little formal support before or after adoption to children and families outside of adoption subsidies and referrals to Adoptive and Foster Families of Maine (AFFM) or the Children’s Behavioral Health Program. While families are expected to attend a prescribed course when they become licensed foster homes, there is no training, required or otherwise, currently offered to families after they adopt a child.

¹²³ https://www.childwelfare.gov/pubPDFs/f_postadoptbulletin.pdf

¹²⁴ <https://www.childwelfare.gov/pubs/f-postadoptbulletin/>

The CW 360° report, from Trauma-Informed Child Welfare Practice, finds that more than 70 percent of youth in child welfare have experienced chronic or repeated trauma.¹²⁵ Further, there are far reaching implications for brain development and mental health and the ability to handle conflict, healthy relationships, interpret social cues, and differentiate safe from dangerous situations. While it is estimated that less than five percent (5%) of national adoptions are ever dissolved,¹²⁶ the LONGSCAN study, based on research on children who were adopted from U.S. foster care to adulthood, found that at age 16, 87 percent of adoptees were living with their adoptive families, but 28 percent had lived away from their adoptive families for some period of time.¹²⁷ The LONGSCAN study results led to the conclusion that there are adoption instability factors, specifically around trauma, mental health, and behavior, which can and should be addressed to increase the success of placement. Additionally, the Children's Bureau Express also found a significant relationship between post-adoption service utilization and positive adoption outcomes.¹²⁸ Parents are more likely to report positive parenting experiences when they have more supports formal and informal. Of course, in extreme cases, some adoptions do ultimately fail. In Maine, approximately 97 percent of adopted children do not re-enter the system within 10 years of adoption, according to MACWIS. In a Children's Bureau study of adoption barriers and success factors, parents and professionals agreed a lack of services is the primary reason that adoptions were not successful.¹²⁹ Therefore, the focus should not be on the small percentage that fail, but on the preservation of all adoptions.

The Quality Improvement Center for Adoption & Guardianship Support & Preservation (QIC-AG) developed a Permanency Continuum Framework because adopted children are more likely to thrive when families are fully prepared and supported to address their needs or issues as they arise.¹³⁰ The QIC-AG's Permanency Continuum Framework is separated into eight (8) intervals, with two (2) stages. Pre-permanency services are important for supporting the stability of an adoption, whereas post-permanency services can

Pre-permanency services are important for supporting the stability of an adoption, whereas post-permanency services can include both preventative services (e.g., preventing instability or disruption) as well as intensive services that help maintain the stability of an adoption.

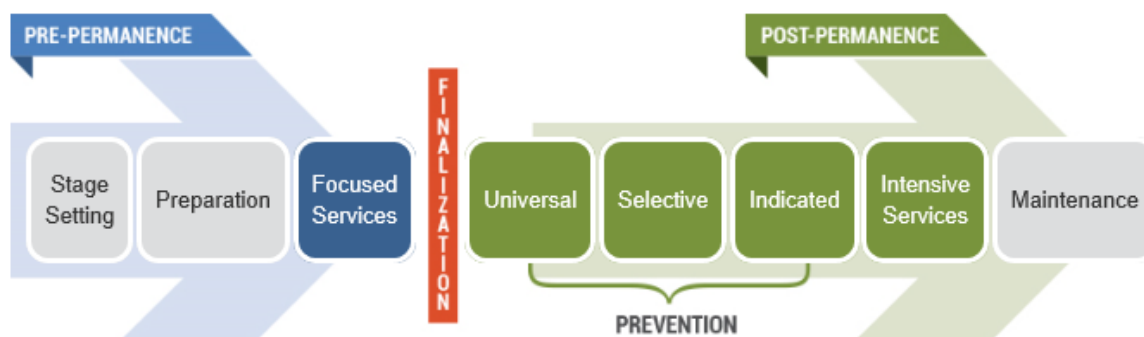


Figure 44: Quality Improvement Center for Adoption and Guardianship Support and Preservation Permanency Continuum Framework

include both preventative services (e.g., preventing instability or disruption) as well as intensive services that help

¹²⁵ https://casw.umn.edu/wp-content/uploads/2013/12/CW360-Ambit_Winter2013.pdf

¹²⁶ https://advocatesforfamiliesfirst.files.wordpress.com/2015/06/joint-statement_responding-to-rehoming-protecting-children-strengthening-adoptive-families_june2015.pdf

¹²⁷ <https://www.adoptioninstitute.org/wp-content/uploads/2014/05/Keeping-the-Promise-Case-for-ASAP1.pdf>

¹²⁸ <https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=57§ionid=3&articleid=855>

¹²⁹ Ibid

¹³⁰ <https://qic-ag.org/continuum-framework/>

maintain the stability of an adoption. The framework emphasizes prevention and preparation as a preferred method, rather than traditional methods of waiting to intervene when the family is already in crisis or on the verge of dissolution.

This model also emphasizes the need for child and adult services. Services that address separation, loss, trauma, and those that provide monitoring of emotional, developmental, physical, intellectual, and behavioral risks are critical. However, provision of services to adopted children alone isn't enough. Best practice states that there must also be an ongoing availability of information, training, and education for adoptive parents. In fact, the North American Council on Adoptable Children found that many families' support needs rose years after the adoption.¹³¹ Adoption is a life-long, life changing event for all parties involved and should be supported as such.

The development of a comprehensive adoption preservation services program, including availability of services, subsidies, and supports following adoption, can serve to further attract new foster and adoptive families.¹³² Through a comprehensive adoption preservation program, adoptive families get the services they need to create stability and positive outcomes for their children. Supported adoptive families can also be an assurance to prospective resource families that they will receive the support and services needed to be successful, which ultimately, contributes to the recruitment of more families.

There are a variety of ways to get services to families. For example, Maryland and Pennsylvania host adoption services through their respective Departments of Human Services while North Carolina and Arizona, by contrast, have contracted with vendors to provide services to families to supplement subsidies provided by state departments.¹³³ The source of service provision does not appear to be as important as thoughtful planning for implementation. Potential service needs may include:

- Psychological child/youth assessments,
- Quick-list resources of adoption competent providers and general information about adoption,
- Advocacy programs,
- Service referral programs,
- Training or education around trauma, disabilities, and behaviors,
- Birth family mediation and adoption searches,
- Peer support, mentoring, case management, youth education support or tutoring,
- Respite, camps or retreats,
- Therapeutic services,
- Financial support, and
- Crisis intervention.¹³⁴

AdoptUSKids recommends that program development start with a needs assessment to learn more about specific needs of the community, identify services or resources currently available through other providers, and plan a targeted approach to provide needed services without duplicating efforts.¹³⁵

¹³¹ www.nacac.org/adoptalk/postadoptionsurvey.html

¹³² <https://adoptuskids.org/assets/files/NRCDR-org/6-reasons-to-offer-support-services.pdf>

¹³³ <https://spaulding.org/wp-content/uploads/2018/10/Permanency-Support-and-Preservation-Services-Survey-Report-A-Snapshot-9-29-14.pdf>

¹³⁴ <https://adoptuskids.org/assets/files/NRCDR-org/15-support-services-for-families.pdf>

¹³⁵ <https://adoptuskids.org/assets/files/AUSK/support-matters/support-matters-resource-guide.pdf>

Maine's OCFS seems to be on the right track for offering more robust adoption service, including by contracting staff and the hiring of an adoption liaison through Community Health and Counseling Services (CHCS). However, this is a first step of many. To enhance this progress, OCFS should consider the following recommendations:

65. Develop a comprehensive adoption preservation services program

Developing a comprehensive adoption preservation services program should be conducted as a three-step process.

Step 1: Conduct a needs assessment to determine current resource availability and gaps in the community.

Step 2: Use the results of the assessment to create a comprehensive strategic plan to improve service provision, better implement referrals to current resources and develop new resources to meet population needs. A comprehensive program would include the following strategies:

- Develop strategic framework to provide support and resource coordination for adoptive families pre- and post-adoption, answering questions about the process; making referrals when applicable; being proactive with resource availability, especially for adoption competent providers in mental or behavioral health, parenting classes, domestic violence or trauma-focused counseling, in-home services and respite; and offering supportive resources when crisis arises.
- Implement more intensive adoption competency training for staff and community partners.

The Department of Health and Human Services, Administration for Children and Families, Children's Bureau funds free, web-based training on adoption and mental health competency that has been piloted around the country and is available to child welfare professionals to learn at their own pace.¹³⁶ Maine OCFS child welfare staff participated in this pilot, from May 2017-December 2017, and had the highest worker completion rate of all states participating. This type of comprehensive training could be incorporated into Maine's current training system as part of the onboarding of new staff and ongoing professional development of seasoned staff.

Step 3: Promote adoption-specific training for community partners, like mental and behavioral health providers, to increase the pool of adoption competent providers. Development of adoption competent providers ensures that services are trauma-informed, child-centered, family-based, relationship-based, strengths-based, culturally responsive, flexible, and accessible.¹³⁷ Providing training to community providers who will engage families is critical to cultivating a supportive network around each adopted child.

¹³⁶ <https://adoptionssupport.org/nti/nti-curricula/>

¹³⁷ Ibid

Practice Consistency

66. Improve consistency in practice across districts and offices

OCFS is in the process of updating the child welfare policy manual to further align with best practices and changes the agency has made recently. While it is the goal of the agency to develop clear, centralized policy, there is also a need to develop additional practices that further operationalize policy.

During our review, PCG found many significant differences in practice across districts and offices. Some differences have the potential to have more impact on cases and/or workload than others. Differing practices and associated workloads mean that some caseworkers can have a quicker response time to calls from families (biological and resource), while others end up with more administrative burdens that result in a lack of ability to connect with families as quickly and/or as thoroughly. Regardless of the case impact, practice should be aligned where possible, understanding that there are inherent differences in the way that large and small offices should be organized and how they should utilize staff.

PCG also found that some offices have documented specific procedures, but others have not, and each district has varying levels of what is documented. For example, District 5 staff reported having binders for Permanency, Licensing, and Adoption, while other Districts had some paper binders as well, but the use of and availability of those binders to access policies was not consistent – information is not always stored on a shared drive and not all binders were the same. In addition, in many cases staff/supervisors had added or removed their information to create a reference guide that suited their individual needs, meaning that any prior standardization has been lost.

Below are just a few examples of where processes differ across offices, districts, and/or staff.

Area	Details
Child Care	<p>OCFS staff have reported that accessing and paying for child care for children in placement is a challenge for many foster families, one that may be discouraging some families from continuing to accept placements. While OCFS policy provides information on the situations in which child care payments may be authorized, as well as situations in which waivers to market rates may be requested, there is some inconsistency across districts as to how this policy is implemented. Identifying and accessing child care for a child in a foster placement is handled in several ways.</p> <ul style="list-style-type: none">• In some offices, caseworkers find a licensed child care provider and enroll the children.• In other offices, foster parents and caseworkers may both be charged with identifying a child care provider, depending on the case.• Still, in other offices, foster parents almost always find their own child care placements, involving a caseworker only when they need assistance in the search or are prepared to request authorization. <p>Both the caseworker and foster parents should have the best interests of the child in mind; therefore, there is likely not an issue with either party taking responsibility for this task. However, caseworkers who do this infrequently are unlikely to have a strong familiarity with the child care market in every town in their district. Likewise, foster parents who are new to the system may not know what to look for in a</p>

Area	Details
	child care provider. Each of these issues may contribute to the task being more onerous and time consuming than necessary.
Case Transfer Process	Staff in the Permanency unit conduct their internal transfer of cases from Assessment earlier in the process in some offices than in other offices (i.e., Prior to first Case Management Conference (CMC) hearing vs. post CMC hearing). In addition, offices/districts transfer the case from Permanency to Adoption at differing times depending on situational factors and workload. This leads to confusion among staff and families over who should be handling a case at any given time. Inconsistent case transfer practices also make it more difficult to evaluate workload demands and staffing needs, since the amount of time a caseworker carries a case will vary across different areas.
Workload Management/ Administrative Processes	<p>Workload management processes, to some extent, should be open to minor variation across offices due to staffing levels, caseloads, geography and required travel time, among other factors. However, some processes should be standardized across the agency to reduce confusion and encourage consistency in practice and tracking activities. Differences in practice that were identified include:</p> <ul style="list-style-type: none"> • Offices have different processes to book and approve travel for staff. • Not all staff use Outlook for appointments, making it difficult to schedule meetings, visits, or other events that may require collaboration with other OCFS staff. • As noted in the Phase 1 report, some Intake staff use word documents to log Intake information outside of MACWIS and others enter directly into MACWIS. In addition to this being an inconsistent practice, this leads to additional work and duplicate entry.
Licensing and Kinship	Identifying prospective and licensing foster families is very time consuming, and currently there are fewer families available to provide beds than are needed within this system, more so in some districts than others. Current practices in some areas of the state may be contributing to this problem. The process (and time) to report and set up a new kinship/resource family in the system, when a child has been placed, varies – and may impact payment to the kinship/resource family. Licensing workers feel that caseworkers may be busy and delay entering the information timely to establish stipend payments, which leads to delays. A clear, consistent process with roles and responsibilities for all parties can ensure that kinship and resource families receive these crucial funds in a reasonable amount of time.
Case Closing Summary	During the process mapping stage of Phase 1 of this project, PCG identified the time and risks associated with interpreting closing summaries, which varied in content, structure and quality from worker to worker and office to office. Variation impacts the time it takes for intake workers to conduct research necessary to gather additional information from assessments and closed cases when accepting and documenting new reports. A lack of critical information in the closing summary hinders the ability of intake workers to make informed decisions for new reports that can help avoid potential risks and harm to the child or children involved.
Adoption	When a behavioral health need is not already known, Adoption workers do not always bring Children's Behavioral Health program coordinators to all adoption transfer meetings to explain services to adoptive parents. The presence of a Children's Behavioral Health Program Coordinator makes more of an impression on adopting parents than a handout or verbal reminder. The lack of that intentional meeting leads to families who have an incomplete understanding of what is available, or are unaware of the service array, if their child presents with a behavioral health need.

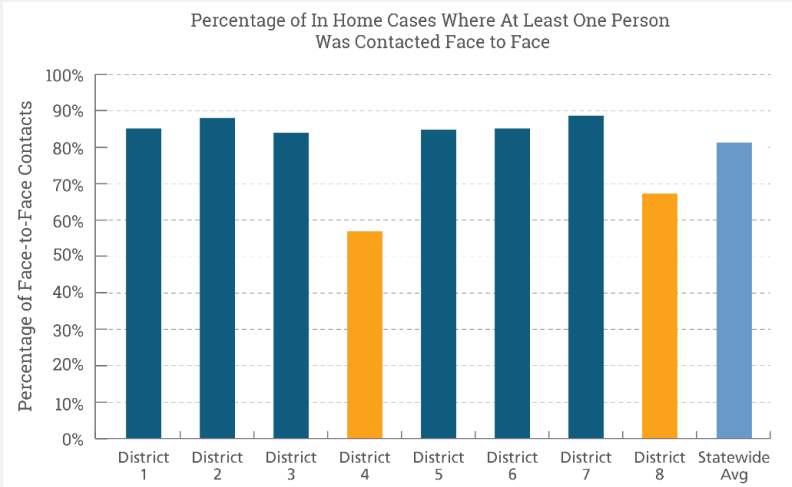
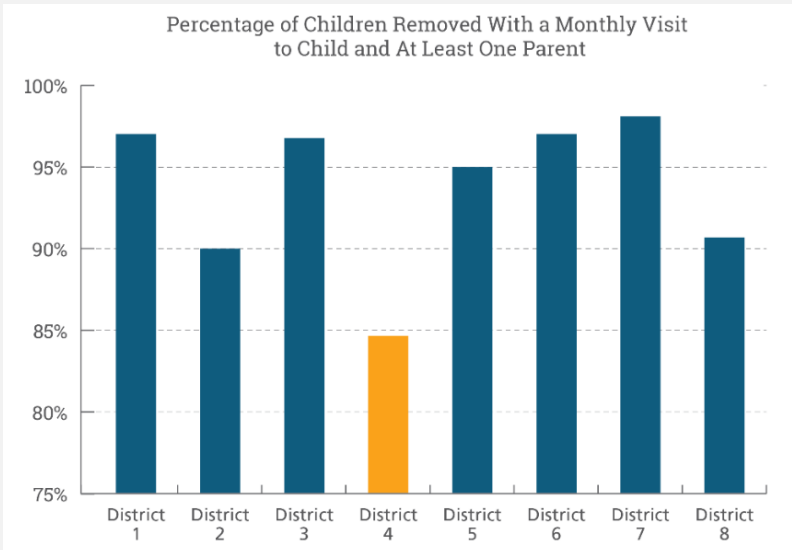
Area	Details																				
Contacts/ Visits	<p>There are statistically significant differences between districts in the percentage of monthly contacts with children who have been removed from their homes and children in their own home. For example, in February 2019:</p> <ul style="list-style-type: none">For in-home cases where at least one person was contacted face to face, Districts 4 and 8 completed a face-to-face visit with at least one family member in the case in 57% and 67%, respectively, of the cases active in that month. All other districts had success rates ranging between 83% and 89%.																				
	<div><p>Percentage of In Home Cases Where At Least One Person Was Contacted Face to Face</p><table><thead><tr><th>District</th><th>Percentage</th></tr></thead><tbody><tr><td>District 1</td><td>85%</td></tr><tr><td>District 2</td><td>88%</td></tr><tr><td>District 3</td><td>84%</td></tr><tr><td>District 4</td><td>57%</td></tr><tr><td>District 5</td><td>85%</td></tr><tr><td>District 6</td><td>85%</td></tr><tr><td>District 7</td><td>88%</td></tr><tr><td>District 8</td><td>67%</td></tr><tr><td>Statewide Avg</td><td>81%</td></tr></tbody></table></div>	District	Percentage	District 1	85%	District 2	88%	District 3	84%	District 4	57%	District 5	85%	District 6	85%	District 7	88%	District 8	67%	Statewide Avg	81%
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Statewide Avg	81%																				
<ul style="list-style-type: none">For children removed from the home with a monthly visit completed both with the child and at least one parent, District 4 completed such visits in 85% of the cases involving a child placed into foster care, while all other districts achieved a success rate ranging between 90% and 97%. <div><p>Percentage of Children Removed With a Monthly Visit to Child and At Least One Parent</p><table><thead><tr><th>District</th><th>Percentage</th></tr></thead><tbody><tr><td>District 1</td><td>97%</td></tr><tr><td>District 2</td><td>90%</td></tr><tr><td>District 3</td><td>97%</td></tr><tr><td>District 4</td><td>85%</td></tr><tr><td>District 5</td><td>95%</td></tr><tr><td>District 6</td><td>97%</td></tr><tr><td>District 7</td><td>98%</td></tr><tr><td>District 8</td><td>91%</td></tr></tbody></table></div>	District	Percentage	District 1	97%	District 2	90%	District 3	97%	District 4	85%	District 5	95%	District 6	97%	District 7	98%	District 8	91%			
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Table 40: Process differences across offices and districts

OCFS should develop (and/or update) any written Standard Operating Procedures (SOPs) for each of the major work streams in the agency, then hold staff accountable to follow those procedures as part of the Quality Improvement process. Developing SOPs will help to improve consistency between offices while retaining flexibility. An SOP, desk guide, procedure manual or any item as such, is a well-documented procedure specific to a workstream that describes the activities necessary to complete tasks in accordance with defined standards and policies for accomplishing the activities described therein. Well-defined and documented SOPs can:

- Reduce errors or missed activities;
- Increase efficiencies and eliminate redundancy;
- Provide for back-up capabilities to ensure seamless service delivery in the absence of primary casework staff;
- Provide consistency and reliability;
- Create needed layers of detail; and
- Eliminate confusion and possible conflicts between caseworkers and partners (around touchpoints, handoffs, and shared clients).

The Commonwealth of Kentucky has a practice manual that supplements its policy manual. The organization reflects the workflow processes and details the steps workers should take.

When making a decision related to a parent's contribution to maltreatment, CPS Access should gather information, if available, related to a parent's protective capacities. (See *Child Protective Services Safety Intervention Standards Appendix 8: Parent/Caregiver Protective Capacities*.) Diminished protective capacity is demonstrated by a parent's inability to identify threats to a child's safety or inability or unwillingness to provide protection.

III.E. Records Search

1. CPS Access must review a family's relevant CPS and child welfare records as well as CPS records of any person named by the reporter as a suspected maltreater. Agencies must assure that relevant past agency records are readily available to assist with and meet screening and response time requirements. (See: *Chapter 6: The Screening Decision and Chapter 7: The Timeframe for Response*)
2. CPS Access must review records in the Consolidated Court Automation Program (CCAP) of household members who are age 17 or older and any person named by the reporter as a suspected maltreater.
3. Relevant information from the record search (e.g. type of maltreatment, screening decision, results of any previous initial assessments, relevant police contacts or criminal history) must be documented in the report to assist with the screening and response time decisions.

A records search on reports received after-hours must be conducted by the end of the next business day.

Figure 45: Wisconsin Initial Assessment Standards Records Search criteria

Several states have developed practice manuals to help improve consistency in practice, including Virginia, New York, Oregon, North Dakota, Wisconsin, and Kentucky. For example, the Commonwealth of Kentucky has a *detailed* practice manual that supplements its policy manual. The organization of the practice manual reflects the workflow processes and details the exact steps workers should take throughout the life of a case. As shown in Figure 45 **Error! Reference source not found.**, Wisconsin has an Initial Assessment Standards manual that describes procedures in specific steps for workers to follow.

OCFS' initial focus should be on developing SOPs for practices listed in the Key Decisions document found in Appendix F. In addition, these documents should be stored

electronically, and staff should be trained in updated practices.

Case Reviews: Findings and Opportunities

Overview

Maine's Office of Child and Family Services (OCFS) has requested that Public Consulting Group (PCG) evaluate the State's Child Welfare program to identify and make recommendations to improve business practices. Involvement of the courts is an important element of child welfare practice.

As part of this effort, PCG reviewed eight case records which were selected by OCFS. Due to the small sample size, and the nature of the cases, it was difficult to generalize the findings as typical case practice. The cases selected were some of the most severe and problematic, with issues ranging from child death or serious injury to chronic neglect. Regardless, the case record reviews were valuable because they provided an opportunity to take a deep dive into some of OCFS' most difficult cases to determine what the core issues were and what could be done differently in the future to support better outcomes for children and families.

Methodology

To help guide a systematic review of the case records, PCG created a case record review tool (see Appendix D). The tool asked reviewers about the nature and length of the children and families' involvement in child welfare and the circumstances and outcomes regarding the most serious events in the case (e.g., child death, serious injury, etc.). A number of items were listed for reviewers to rate as "Fully Complies," "Complies," or "Does Not Comply." The items included a combination of measures from the OCFS' Practice Model (e.g., "In response to child safety concerns, factually supported conclusions were reached in a timely and thorough manner."), the Child and Family Services Review (CFSR) ("Any changes in placement that occurred were in the best interests of the child and consistent with achieving the child's permanency goals."), and additional items deemed fit by PCG (e.g., "The information available and the subsequent assessment of that information was adequate for the purposes of removal."). Following each item reviewed, the reviewer had the opportunity to explain their rating in an open-text format. Finally, reviewers were asked about the overall strengths, challenges, and opportunities for improvement with each case.

In order to maintain confidentiality, results are displayed in an aggregated form and are de-identified to the fullest extent possible. PCG reviewed cases with a view that went beyond OCFS practice, to learn about the strengths, challenges, and opportunities that exist with all stakeholders who played a role in these cases. When a finding applied to a stakeholder(s), it was denoted with a checkmark. **The findings shared in the matrix below are representative of themes and/or standout items from the eight cases reviewed.** The absence of a finding for various stakeholders is thus only representative of that finding not being present in the limited sample of cases.

Areas of improvement were derived directly from the findings of the case review, either because recurring themes were noted in these cases or extraordinary events needed to be addressed. Some of the opportunities for improvement outline policies that OCFS already has in place but emphasize the need for strict adherence to those policies in practice. Other suggested improvements are sourced from best practice standards or innovative ideas as outlined by PCG's resident experts. It is important to keep in mind the data source when interpreting the

opportunities for improvement; eight of OCFS' most challenging cases are not necessarily a direct reflection of typical practice at the statewide level.

Case Record Review: Findings					
Finding	OCFS	The Courts	ARP	Other Service Providers ¹³⁸	Law Enforcement
Strengths					
Timely initiation of child welfare response	✓		✓		
Prompt referrals to services	✓				
Frequent contact with parents and providers	✓				
High quality documentation and evidence available to the courts	✓				
Provision of concrete services/tangible supports to families in need	✓				
Challenges					
No identified attempt to locate or contact biological fathers	✓	✓	✓		
When biological fathers were contacted, they were poorly engaged	✓	✓			
Inadequate engagement with identified family supports	✓	✓	✓		
Poor or disjointed contact with collaterals (e.g., school staff, law enforcement, neighbors, etc.)	✓		✓		
Dispositions of "no findings" despite thorough evidence to support the allegations	✓				
Lengthy history and patterns of behavior were not considered as high-priority and pertinent issues in the case	✓	✓	✓	✓	
Rushing (or not completing) background checks and other history checks	✓				
Placement with kin prior to identification or establishment of legal paternity	✓				
Placement with kin who the child had limited prior involvement with	✓				
Inappropriate child welfare response chosen (e.g., ARP instead of an assessment)	✓				
Inconsistent usage of family team meetings	✓				
Continued work with the family well beyond reasonable efforts	✓				

¹³⁸ Examples of some of the service providers encountered in the cases reviewed are therapists, residential mental health counselors, and substance abuse treatment providers.

Case Record Review: Findings					
Finding	OCFS	The Courts	ARP	Other Service Providers ¹³⁸	Law Enforcement
Difficulty understanding the differences between issues related to safety, harm, risk, and well-being	✓	✓	✓	✓	
A lack of diligent effort in obtaining the child's perspective			✓	✓	
Not reporting new signs of abuse to OCFS			✓		
Overweighing the parental perspective when there is contradictory evidence about their stories	✓	✓	✓	✓	
No real consequences or actions taken when parents refuse to comply	✓	✓	✓		
Lack of goals and focus with the case			✓		
Preliminary Protection Orders (PPOs) not granted despite OCFS evidence and strong indications of risk (e.g., history, domestic violence, substance use, parental non-compliance, etc.)		✓			
Statutory timeframes not being followed (e.g., too much time between hearings, issuing of continuances, etc.)		✓			
New information about persistent issues not being provided to the court	✓				
An overall lack of urgency to resolve issues and move to permanency	✓	✓	✓		
Missed opportunities to concretely confirm substance abuse					✓
Lack of appropriate responses in cases with domestic violence	✓	✓	✓	✓	

Table 41: Case Record Review: Findings

Case Record Review: Opportunities for Improvement
<ul style="list-style-type: none"> Ensure that quality assurance measures (particularly in the form of case reviews) obtain the perspectives of a wide variety of stakeholders (e.g., police, families, etc.). In order to complete case reviews which are truly holistic, the perspectives of each individual involved with the case should be obtained. High quality reviews will be especially pertinent to ensure that no perspectives are missing which may challenge the overall conclusions made.
<ul style="list-style-type: none"> Re-evaluate Termination of Parental Rights (TPR) and Reasonable Efforts policies. A multitude of referrals to similar services over the course of time is not likely to be successful and ultimately delays permanency for children.
<ul style="list-style-type: none"> Uphold the statutes when it is in OCFS' rights to do so, and appropriate, given the level of risk involved in the case. For example, filing automatic TPRs for parents who have TPRs on previous children is part of Maine's statute, but despite strong evidence to invoke this statute in a couple of cases, it did not happen. TPRs should be filed once reasonable efforts have been met by OCFS and no/limited progress has been made; cases should not remain open for multiple years with no real progress.
<ul style="list-style-type: none"> Ensure that all stakeholders are well-trained regarding cases where domestic violence is present and that domestic violence issues are prioritized when present in a case.
<ul style="list-style-type: none"> Stakeholders working on child welfare cases need to ask the difficult, uncomfortable, but pertinent questions of parents. This is especially important when there is evidence which contradicts parental perspectives. While it

Case Record Review: Opportunities for Improvement	
	can be difficult to challenge aggressive caregivers, the important issues still need to be discussed and better training on how to handle those situations, may be useful for front-line staff.
•	There needs to be confirmation of legal paternity and increased engagement of fathers.
•	When a case is being transferred, there must be a strong hand off between caseworkers. This is especially important for the new caseworker's ability to build rapport with the family and for the family to feel like they are not constantly having to re-tell their story or explain the same topics over and over again.
•	Work with the courts early in the case to set up and enforce parental participation with the case plan. It is not useful to wait until a substantial length of time has passed to finally get serious about compliance.
•	The child's perspective needs to be diligently sought and prioritized, especially when that perspective is contradictory of the parents'. While parental perspectives are important, they should not be taken as the ultimate truth. While it may be hard to obtain a child's perspective, it is of the utmost importance that diligent effort is made to do so, and that the child's perspective is made priority.
•	History needs to be strongly considered in decision-making with current cases; this issue was especially present in chronic neglect cases where the family would be re-referred for the same issue(s) over a period of many years. Previous cases need to be taken into consideration when dealing with the current case.
•	All stakeholders involved should maintain a sense of urgency in working with child welfare cases. This is important so that trauma to children is reduced and permanency is achieved as soon as reasonably possible.
•	Clearly articulate the expectations for supervisors and ensure that they are involved during critical decision-making moments in a case. The decisions caseworkers need to make are truly difficult at certain junctures (e.g., making assessment findings, removing a child, etc.) and they need the assistance of strong supervision to make those decisions
•	Hire retired police to better support caseworkers working with aggressive clients or clients with guns in the home or aggressive dogs, and to locate absent relatives. To fund these positions, work collaboratively with local law enforcement. Law enforcement would likely be in support of this initiative since these positions would provide an opportunity for their retired officers to continue working.
•	Don't close cases prior to the legal settlement of permanency.
•	Have caseworkers review difficult cases, such as those reviewed herein, as part of a training. There is a lot caseworkers could learn about what should be done in order to handle the most complex cases.
•	Contact with collaterals who have critical case-knowledge needs to be increased.
•	ARP should be used only in instances where the family has had one or two referrals to the agency; this is inclusive of instances where there has been extended periods of time with no agency involvement.
•	Ensure that ARP workers are well-trained to understand when a report needs to be filed or the OCFS district needs to be contacted.
•	Ensure that ARP is closely monitored for quality and consistency across service providers.

Table 42: Case Record Reviews: Opportunities for Improvement

Staff Survey

Overview

In December 2018, over a two-and-a-half-week period, a survey was administered to Office of Child and Family Services to further engage staff and gain perspective. Of over 500 surveys distributed, 214 were completed, with respondents from all district offices, intake and central office. Below is a count of staff who participated by job type.

Job Type	Number of Participants	Percentage of Responses
Program Administrator	6	3%
Assistant Program Administrator	4	2%
Supervisor	41	19%
Caseworker	120	56%
Support Staff	21	10%
Other	22	10%
Total	214	100%

Staff who selected “other” as their job type include Policy and Training staff, Case Aids, Community Care Workers and Community Behavioral Health Services staff, among others.

Slightly less than one-third of the staff have held their present position for six years or more, with another **21 percent having less than one year of experience in their present position.**

Table 43: Survey Participants by Job Type

When asked what they enjoy most about their job, 61 percent of the staff answered helping to improve the lives of children and families. Another 18 percent of the respondents noted working with their peers

“Peer support is at an all-time high.” – Caseworker

was what they enjoyed most. At the close of the

survey, staff were asked to comment on what is helping them to provide support services to children and families. A common response was teamwork, with staff at varying levels working

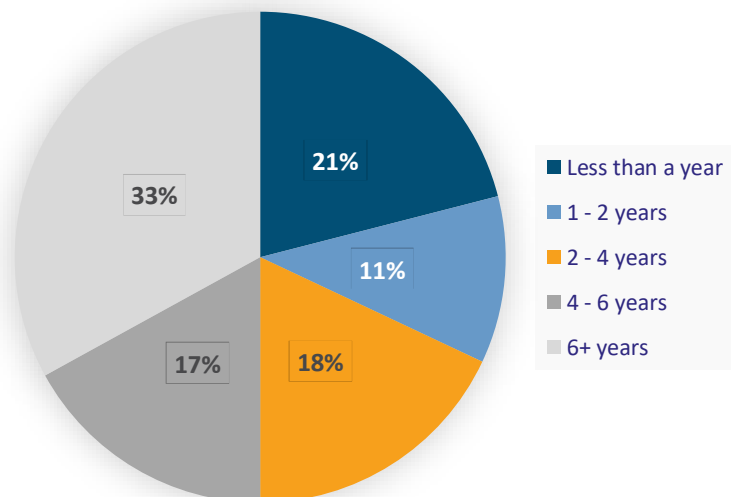


Figure 46: Years in Present Position

together as well as with outside partners to provide the services and support families need.

Results

The results of the survey are presented in lieu of recommendations, as the results of the survey further support many of the recommendations provided in the previous memos of this report.

Q: How would you like to receive communication from leadership about policy, practice, and other changes that impact your job?

An important issue examined by this project involves policy changes. The survey asked staff how they prefer to receive communication from leadership about policy, practice and other changes that impact the work they do. **Forty-two (42) percent of the staff noted they would prefer to learn about (policy and practice) changes at team meetings with their supervisor.** Another 29 percent noted that weekly emails or newsletters would be helpful. Only 11 percent noted that they would prefer to learn about changes through one-on-one meetings with their supervisor.

This finding correlates to other parts of the evaluation in which staff anecdotally mentioned differing policy implementation strategies from district to district and policy change to policy change. Streamlining communications and policy change implementations increases the likelihood that all staff are receiving a consistent message and instructions in advance and at the same time, which, in turn, limits the possibilities that the information will be repeated incorrectly or distorted between staff or district communication. In addition, it is important to highlight that a large percentage of staff prefer the face-to-face element of receiving the information, which can offer a chance to ask questions and talk through specifics of implementation as a group.

Q: What policy area needs the most clarification? (rank your top 3)

Staff identified the top three policy areas that need the most clarification. The percentage in parentheses is the percentage of staff who ranked it in their top 3.

1. Documentation (34 percent)
2. Child Protective assessments or investigations (32 percent)
3. Teaming (31 percent)

Clarification was also noted as being needed around after-hours services and non-adoption permanency goals. The table below displays the frequency in which staff indicated needed clarification for specific policy areas, along with how many staff ranked each policy area as a 1, 2, or 3 (for example, 28 people ranked “documentation” as 1). The higher the total, the more frequently the policy area was chosen by staff as high for needing clarification. Rank ordering areas gave staff a chance to indicate a level of priority.

Policy Area	Ranked as 1	Ranked as 2	Ranked as 3	Total Ranking as 1-3	Total Percentage
Documentation	28	23	22	73	34%
Child Protective Assessment/Investigation	31	22	16	69	32%
Teaming	34	17	16	67	31%
After Hours Services	23	13	12	48	22%
Non-adoptive Permanency	18	12	11	41	19%
Reasonable Efforts	18	13	8	39	18%

Policy Area	Ranked as 1	Ranked as 2	Ranked as 3	Total Ranking as 1-3	Total Percentage
Case Transfers	17	11	7	35	16%
Supervision	13	12	7	32	15%
Intake	12	9	6	27	13%
Screening for Domestic Violence/Substance Abuse	11	8	6	25	12%
Service Provision to Children and Youth	12	6	6	24	11%

Table 44: Policy Area by Priority for Clarification (those falling above a 10% threshold)

Q: How can documentation be streamlined to make a difference?

Documentation, from a practice issue, also seems to be of genuine concern to staff. Common concerns among caseworkers and supervisors include:

- The required frequency of family and case plan completion
- Lack of training around templates
- Duplication of data entry

With regards to the later, specifically, staff were frustrated that family and case plans are required to be completed every three months instead of six. Several staff noted having templates to use, but not knowing how to use them or what information to record. And, staff felt stymied having to input the same data in multiple fields within MACWIS, such as within a single tool, e.g., an assessment, or from one source, such as the Family Plan to narrative or the FTM matrix to narrative. All three of these areas offer opportunities for process review and streamlining.

Q: What one change could be made to MACWIS, today, to make it work better for you?

Staff were asked to write in one change in MACWIS, which if made today, would improve how the system works. Three primary themes arose across all recommended changes: Eliminating duplication of data entry, improving navigation, and making the system simpler to use.

Examples of specific recommendations include:

- Auto-fill of child demographic information in subsequent child plans
- Auto-fill of demographic and other applicable data for a client known to more than one case
- Simplify tasks that require multiple steps
- Improve navigation to make it easier to go from one screen to the next
- Reducing the number of steps to get from one case to the next

It is worth PCG and OCFS following up with staff to understand specifics and investigating further.

Q: What is the one thing that would most improve the overall efficiency of your work?

When asked to respond with suggestions on what could be done to improve the efficiency of the work they do, staff responded with answers that fell into the categories of:

- Lower caseloads
- More assistance from support staff
- Improved communication
- Better ways to document case activity were commonly noted.

Safety planning was also an area in which a number of staff suggested a change in policy or practice would better align the need for child safety and trauma-informed care by keeping children with known family members. Caseworkers suggested that being able to place a child temporarily with relatives, e.g., over the weekend, without having to be forced to file a PPO asking for custody right away or being able to keep children safe and work with their families without court intervention may be more efficient in meeting child welfare goals.

Q: What areas would you like to receive additional or refresher training? (rank your top 3)

Over a third (35 percent) of staff indicated a need for **additional training on Structured Decision-Making (SDM)** and SDM Tools, with another 32 percent requesting refresher training on all aspects of social work for seasoned caseworkers. Not only were these two training topics most frequently chosen as topics where additional training was needed, they were also often ranked as having the highest priority in training need.

The next two training topics which were frequently noted as areas of interest were documentation and court processes for caseworkers, with each selected as an area where additional or refresher training was needed by 25 percent of the respondents. The table that follows identifies the frequency in which the training topics were ranked in the top 3.

Policy Area	Ranked as 1	Ranked as 2	Ranked as 3	Total Ranking as 1-3	Total Percentage
SDM and SDM Tools	43	18	14	75	35%
All aspects of child welfare for seasoned caseworkers	26	22	20	68	32%
Court processes for caseworkers	22	17	15	54	25%
Documentation	22	21	10	53	25%
Teaming	16	14	13	43	20%
Court filings for caseworkers	19	12	8	39	18%
Navigating / managing cases in MACWIS	19	11	7	37	17%
Other	15	12	6	33	15%
Supervisor training on Supervisory Tool	12	9	8	29	14%
FFTMs	15	9	4	28	13%
Supervisor training on coaching / mentoring	16	7	5	28	13%
TDMs	13	8	3	24	11%
Disclosure and privacy	11	10	3	24	11%
New policy and practices	11	10	3	24	11%

Table 45: Training Topic by Priority (those falling above a 10% threshold)

Q: What would most improve the supervision process?

Close to half of all staff noted that more focused time with supervisors to discuss specific cases or with peers and supervisors to discuss common issues is needed. This aligns with anecdotal reports from staff that even when the supervisory tool is used to go through caseloads, it is time consuming and there is often not time to talk outside of specific questions asked by the tool. Caseworkers were more apt to note that more time with supervisors to discuss cases was needed (32 percent) compared to supervisors who thought that more time was needed for peers and supervisors to meet to discuss common issues (34 percent). Nearly half of the staff with less than a year of experience noted that more focused time with their supervisors to discuss cases was needed, while those with more experience generally thought that time to meet with peers and supervisors was a better option. Six supervisors and seven caseworkers (15 percent overall) noted that more one-on-one training with supervisors was needed. Staff from the listening sessions confirmed there are limited opportunities for mentorship and professional growth during supervision. This aligns with the PCG recommendation to develop the tools and structure to ensure supervisors are providing coaching, mentoring and guidance to staff.

When results of the Random Moment Time Study are examined in relation to the question of what can be done to improve the supervision process, it is important to look at how supervisors currently spend their time. The RMTS found that supervisors spend 21 percent of their time performing case-specific supervisory tasks, including consulting with workers; authorizing, approving or rejecting an assessment or case action; reviewing safety decisions/safety plans and/or assessment findings; and reviewing cases and reports. They are also involved in other activities which provide support and guidance to their caseworkers, e.g., they provide five percent of their time in case consultation, case reviews and transfer meetings; four percent of their time in case-related meetings such as Family Team Meetings and Team Decision Making. They also spend 14 percent of their time in general supervisory tasks, such as scheduling worker time and leave, or conducting general information meetings. The table which follows provides a summary of how supervisors spend their time.

Task	Percentage of Time	Task	Percentage of Time
Intake Activities	1%	Participate in Court Hearings	2%
Safety Decision/Safety Planning/Assessment Findings	3%	Supervisory Tasks	19%
Assessment Tools	1%	Licensing and Monitoring	1%
Family Team Meetings	2%	General Administration	7%
Other Meetings	1%	Travel	3%
Team Decision Making	1%	Clerical, Reception, Telephones	5%
Case Consultation, Case Reviews and Transfer Meetings	5%	General Supervisory Tasks	14%
Service Referral, Coordination or Provision	1%	Training and Staff Development	11%
Computer Documentation	2%	Non-work Activities	16%
Prepare for Court Hearings	2%	Total	100% ¹³⁹

Table 46: Summary of Supervisors' Time Spent

¹³⁹ Percentages may not total to 100 percent due to rounding.

Q: What support activity, done by non-casework staff, would provide the most assistance to caseworkers?

Caseworkers stated that requesting records (18 percent) and arranging select client services (e.g., scheduling transportation) (14 percent) would help the most. Supervisors and support staff also thought that handling select client service situations by non-casework staff would be most helpful to caseworkers. In addition, caseworkers noted that help from non-casework staff in transcribing and discovery would be helpful. Fourteen (14) percent of the staff selected “other,” specifying “all of the above” as helpful, suggesting caseworkers appreciate any and all the support they receive from support staff.

Q: What change to outside partnerships would most improve the efficiency of your work or improve outcomes for children?

Regardless of job type, staff reported that most importantly, to increase efficiency and improve child welfare outcomes, more licensed foster homes (32 percent) are needed. Another common response, especially among caseworkers and supervisors, was to expand the availability and/or types of prevention services (18 percent). Also, staff suggested increasing and/or improving referral services for parents (15 percent). Seasoned workers with over two years of experience were more apt to indicate prevention services needed to be expanded or other types of prevention services offered, while newer staff noted that more or improved referral services for parents were needed.

“I would love to see the implementation of prevention services again for each district”

“Prevention is key”

– Caseworkers

Appendices

Appendix A: Staff Survey

Maine Department of Health and Human Services' Office of Child and Family Services Child Welfare Staff Survey

Public Consulting Group has been contracted by the Maine Department of Health and Human Services, Office of Child and Family Services to understand what's working well in practice and process today as well as assist in the improvement of practices and efficiencies to better address the needs of children and families. It is important that all staff have a voice, so we are asking you to please take a few minutes to complete this survey. All responses will be kept confidential and only reported in the aggregate.

We would like to start by learning a little about you.

1. Which role most closely represents your position within OCFS?

- Program Administrator
- Supervisor
- Support Staff
- Assistant Program Administrator
- Caseworker
- Other (please specify):

2. Which District do you work in?

<input type="radio"/> District 1 York	<input type="radio"/> District 6 Penquis
<input type="radio"/> District 2 Cumberland/Lincoln/Sagadahoc	<input type="radio"/> District 7 Downeast
<input type="radio"/> District 3 Western Maine	<input type="radio"/> District 8 Aroostook
<input type="radio"/> District 4 Midcoast	<input type="radio"/> District 9 Centralized Intake
<input type="radio"/> District 5 Central Maine	<input type="radio"/> Main Office (Administration)

3. How long have you worked at OCFS?

- Less than a year
- 1-2 years
- 2+-4 years
- 4+-6 years
- More than 6 years

4. How long have you held your current position?

- Less than a year
- 1-2 years
- 2+-4 years
- 4+-6 years
- More than 6 years

5. What is your background? (drop down, choose one)
- I have a high school degree
 - I have an associate's degree
 - I have a bachelor's degree in social work/human services
 - I have a bachelor's degree in a field other than social work/human services
 - I have a MSW
 - I have a master's degree in another field
 - I have a doctorate
6. What do you enjoy most about your job? (drop down, choose one)
- My coworkers
 - The support I get from my supervisor
 - Knowing I am working to improve the lives of children and families
 - The challenging nature of the work
 - My input on policies and practices is valued
 - Other _____
7. How would you like to receive communication from leadership about policy, practice, and other changes that impact your job (drop down, choose one)?
- One-on-one from my supervisor
 - At team meetings from my supervisor
 - At statewide meetings
 - Weekly emails
 - The intranet
 - A weekly electronic newsletter
 - A weekly paper newsletter
 - Via the Online Policy Manual
 - MACWIS ticklers
 - Other _____
8. What policy area needs the most clarification? (Please rank your top 3 priorities.)
- Intake
 - Screening for Domestic Violence/Substance Abuse
 - Child Protection Assessment/Investigation
 - Teaming
 - Substance Exposed Infants
 - Non-Adoption Permanency (Kinship Care, Foster Care, or Guardianship)
 - Adoption
 - Youth Independence
 - Child Death and Serious Injury
 - Service Provision to Children and Youth
 - Service Provision to Caregivers
 - Documentation
 - Reasonable Efforts
 - Preliminary Protection Orders
 - Background Checks
 - Licensing
 - Supervision
 - Case Review and Approvals
 - Case Transfers
 - After Hours Services
 - Human Resources
 - Other _____

9. Please rank your top 3 choices for areas in which you would like to receive additional or refresher training:

- SDM and the SDM tools
- Teaming
- FFTMs
- TDMs
- Navigating and/or managing cases in MACWIS
- Documentation
- Court process for caseworkers
- Court filings for caseworkers
- Supervisor training on coaching and mentoring
- Supervisor training on the Supervisor Tool
- Refresher training on all aspects of social work for seasoned caseworkers
- Disclosure and privacy
- New policy and practices
- Other _____

10. In what example would streamlining documentation make the biggest difference?

11. What one change could be made to MACWIS, today, to make it work better for you?

12. What would most improve the supervision process? (drop down, choose one)

- More, focused time with supervisor to discuss cases
- Increased mentoring/training opportunities with supervisor
- More timely response from supervisor
- Debriefing/self-care support from supervisor
- Enhanced feedback from supervisor about job performance
- More one-on-one training from supervisor
- More time with peers and supervisor together to discuss common issues
- Other _____

13. What support activity, done by non-casework staff, would provide the most assistance to caseworkers (drop down, choose one)

- Scanning and uploading paper documents into MACWIS
- Transcription
- Scheduling and arranging meetings
- Setting appointments for client services (e.g., transportation, visitation)
- Handling client service situations (e.g., transportation did not arrive, visitation cancellations)
- Sending notifications
- Requesting records
- Discovery
- Background Checks
- Scheduling fire inspections and water tests
- Processing receipts for billing
- Other _____

14. What is the one thing that would most improve the overall efficiency of your work?

15. What change to outside partnerships would most improve the efficiency of your work or improve outcomes for children?

- Improve ARP Services
- Provide more prevention-type services
- Improve the efficiency or effectiveness of the court
- Increase the number and frequency of drug testing sites
- Increase the number of licensed foster homes
- Increase and/or improve referral services for parents (e.g. parenting classes)
- Other _____

16. What practice or policy should be reconsidered to bring it in line with the best interest of the child?

17. What is working well to help you provide supportive services to children and families?

***Thank you for taking the time to complete the survey.
Your input is valuable to our assessment.***

Appendix B: The CCWIS National Landscape and Additional Opportunities

Given the changes that have been occurring in the child welfare domain in the last two years, and the opportunities that come with those changes, it is the perfect time for Maine to consider replacement of legacy technologies to support dramatically transforming business needs. The following addresses the recent changing landscape and how they impact OCFS's business processes and technology needs.

Comprehensive Child Welfare Information Systems (CCWIS)

On 8/11/2015 the Administration for Children and Families (ACF) published a Notice of Proposed Rule Making (NPRM) for a Comprehensive Child Welfare Information System (CCWIS) in 80 FR 48200-748229. The NPRM proposed regulations for replacement of the former Statewide Automated Child Welfare Information System (SACWIS) model. These changes accommodate changes in child welfare practice and advancements in technology architecture and solutions. The new regulations focus on modularity and data sharing, among other things. ACF is promoting interoperability across programs and enterprise, and leveraging investments in existing assets. It also intends to realize a reduction in costs for development and maintenance.

The CCWIS Final Rule was published in the Federal Register on June 2, 2016 (81 FR 35449) and went into effect on August 1, 2016. The primary intention of the final is to promote data sharing with other agencies, require and ensure quality data, reduce mandatory functional requirements, and allow agencies to build systems tailored to their needs. The ACF expects this to be achieved through the following requirements (as defined in: https://www.acf.hhs.gov/sites/default/files/cb/ccwis_overview.pdf):

1. **PROMOTE DATA SHARING WITH OTHER AGENCIES:** The CCWIS final rule requires, if practicable, title IV-E agencies to exchange data with other health and human service agencies, education systems, and child welfare courts. Data exchanges will help coordinate services, eliminate redundancies, improve client outcomes, and improve data quality.
2. **REQUIRE QUALITY DATA:** Title IV-E agencies implementing a CCWIS must develop and implement data quality plans and processes to monitor data quality. The final rule also requires agencies to take corrective action to address identified problems.
3. **REDUCE MANDATORY FUNCTIONAL REQUIREMENTS:** While the S/TACWIS regulations require that the system supports a minimum of 51 functional requirements, CCWIS only has 14 requirements. The final rule allows agencies to build functions in the CCWIS or collect needed data through exchanges with other systems.
4. **ALLOW AGENCIES TO BUILD SYSTEMS TAILORED TO THEIR NEEDS:** The CCWIS final rule focuses federal requirements for this optional system on quality data and exchanges between related information systems. This will allow agencies to build systems tailored to their unique business needs rather than systems defined by functions specified by the federal government.

Many states felt constrained by the previous SACWIS requirements, as they were outdated and did not consider innovations in technology and practice. The CCWIS final rule provides states with the opportunity to reimagine how technology can support child welfare practice and operations in a way that can positively impact the organization. It is desired that through the design and implementation of interoperable systems, across the spectrum of child welfare stakeholder and contributing organizations, the business value will be realized through process efficiencies, improved data quality, increased employee satisfaction (and therefore, reduction of turnover), and ultimately improved outcomes for children and families.

The CCWIS Requirements are very different than the highly prescriptive, 51 mandatory SACWIS requirements. There are only 14 CCWIS requirements [1355.52(a) – (j)] and they are broader (not functional requirements)

allowing states flexibility in determining and implementing solutions that best meet their business needs.

The requirements fall into the following ten categories:

- Efficient, economical, and effective [1355.25(a)]: As it relates to the effective administration of the title IV-B and IV-E plans.
- Data Requirements [1355.25(b)]: Requires that data needed to support federal & agency requirements must be maintained in the CCWIS. This goes beyond reports, to what data is necessary to operate a child welfare agency.
- Reporting [1355.25(c)]: Indicates that the CCWIS must produce required federal reports such as NCANDS, AFCARS, and NYTD, as well as required state reports.
- Data Quality [1355.25(d)]: The agency must develop and maintain a comprehensive data quality plan, actively manage and monitor quality, and perform biennial reviews of data quality.
- Bi-Directional Exchanges [1355.25(e)]:
 - Previously (under SACWIS) required exchanges remain. They include: TANF, Child Support, Medicaid eligibility, Child abuse, Financial systems, and IV-E eligibility.
 - New required exchanges include: Courts, Education, Medicaid claims, Child welfare contributing agencies, and ancillary child welfare systems used by agency staff.
 - Data Exchange Standard [1355.25(f)]: Must define and promote a data standard to establish a common understanding with new data exchanges for child welfare contributing agencies and ancillary systems. This does not apply to the existing exchanges.
- Automated Eligibility Determination [1355.25(g)]: Must provide a single process for determining eligibility and cannot be duplicated by other systems. This is not a new requirement, and it is the only functional requirement defined in the CCWIS final rule.
- Federal Software Library [1355.25(h)]: In an effort to promote sharing and reusability, upon request, agencies must provide software modules and plain language document to ACF.
- Submission [1355.25(i)]: Requires states to submit a CCWIS plan before claiming funding in accordance with CCWIS cost allocation rules.
- Applicable Advance Planning Document (APD) Requirements [1355.25(j)]: Specifies that states claiming Title IV-E FFP for a CCWIS project below the APD submission thresholds (45 CFR 95.611) will be subject to the APD rules.

In addition to these requirements, there are also design requirements that must be met for CCWIS compliance. With the complexity of the requirements and the associated decommissioning of large, antiquated systems it is

CCWIS requirements allow states flexibility in determining and implementing solutions that best meet their business needs.

highly encouraged that states perform comprehensive due diligence to define the right solution and develop a roadmap that demonstrates a path toward compliance with the defined requirements. Through the Planning Advance Planning Document (PAPD) process, many states have been able to obtain federal

match funding for planning activities such as feasibility studies, assessments, business process redesign and data quality planning (along with the software development activities) associated with the transition to implementing a CCWIS compliant solution. These states include Kansas, Florida, Illinois, Idaho, Virginia, and Arizona, among others. Requests for planning funding are submitted via a PAPD are typically funded at 50% federal match.

The **Implementation Advance Planning Document (IAPD)** is the vehicle used to request funding for the implementation or development activities. These activities include design, development and implementation activities, but can also include project management, business process redesign, requirements, testing, training,

organizational change management, quality assurance, independent verification and validation (IV&V), and some operations. Operations may also be covered under Operations Advance Planning Documents (OAPD) which are a more recent concept. All APDs must be aligned with the agency cost allocation plan as the cost allocation plan is the process where the actual cost identification and administrative claiming process occurs. Any administrative cost that is not included in the cost allocation plan and claimed to a federal source is subject to disallowance.

CCWIS is still new. **As of this writing, there is no state that has implemented a CCWIS compliant solution.** There are, however, a number of states that have started down the path. For those states that have secured IAPD funding and have begun to implement their CCWIS roadmap, here are the trends that are emerging nationally:

- *Platforms:* Software platforms have evolved a lot in recent years, from the days of being a suite of development environment tools, to an underlying foundation upon which functional components can be built out quickly and integrated with other solutions more easily. The trend of recent years is the emergence of Customer Relationship Management (CRM) solutions as relevant and applicable in the health and human services space. In the last two years we have seen a number of states release CCWIS RFPs for platform solutions including Louisiana, Idaho, and Arizona. We know of two other states that will be releasing similar RFPs in the next 3-6 months with the same technical requirement for a platform solution.
- *Commercial-off-the-Shelf Software (COTS):* Ready to use software has the advantage of being implemented quickly, as long as the client is willing to use it largely as designed. COTS products are able to be configured (not typically customized) to adapt to the client environment. Indiana had the first federally approved COTS SACWIS solution in 2014. We are now seeing COTS considered in a best-of-breed modeling that allows states to choose COTS solutions (with or without a platform) to satisfy specific functional needs, such provider management and financials, as part of a broader CCWIS solution.
- *Agile Vendor Pools:* California, Mississippi and Connecticut have all gone the path of creating agile vendor pools (essentially a pre-approved procurement vehicle), from which they can quickly create task orders for development of smaller code products and/or business integration services (PMO, OCM, QA/Testing, Training).
- *Modularity:* The CCWIS requirements specify that in order to be considered modular the solution must break complex functions into separate, manageable, and independent components. The requirements further state that there must be open, documented interfaces, and it must separate child welfare processes from core system administrative processes. Some examples of this would include (but are not limited to): Intake, Assessments, Case Management, and Financials.
- *Mobility:* Several states (Arizona and Virginia) have taken PCG's recommendation to move forward with a mobility first solution. There are a number of mobility systems of engagement that can sit on top of the current legacy system to solve immediate issues in the field, while the agency concurrently works to build the replacement solution on the backend. The side benefit of this is often efficiency and data quality improvements.
- *Cloud Hosting:* Most states are opting to move to cloud hosted solutions for CCWIS, and other enterprise systems. This reduces the burden on the state for capital investments for infrastructure, and staffing or contracting for skilled staff to manage and support a hosting environment.

While modularity is a component of the CCWIS Design Requirements, states with enterprise, legacy systems are struggling with decommissioning of the legacy systems in a modular way. As such, some states are still opting for a traditional "big bang" implementation out of necessity to address the issues of temporarily integrating with the legacy system. Still, we are seeing systems built much faster and more economically than what we have seen in other Health and Human Services domains historically.

Family First Prevention Services Act (FFPSA)

As if CCWIS were not complicated enough, we now must also consider the Family First Prevention Services Act (FFPSA), which will have a significant impact on all child welfare agencies, and relatedly, a direct impact on the technology needed to support these significant changes. States will need to leave room in the implementation plan for the new necessary technology planning and updates required. For states that were further down the path, this means they will need to backtrack a bit to rethink business processes and requirements for their CCWIS solutions. Key Elements of FFPSA include:

- New regulations regarding candidacy
- Prevention plans that authorize prevention services
- Timeline stipulations
- Evidence-based services
- Trauma informed framework
- Maintenance effort requirements
- Coordination with other relevant agencies
- Establishes and defines Qualified Residential Treatment Program (QRTP)

There are a variety of implications of these changes that are key to the design of a new CCWIS solution. They include:

- Policy analysis and modification
- Eligibility determinations: e.g. documenting candidacy in service plans
- Contracting, Licensing and Claiming for prevention and QRTP services
- Data collection for reporting, but also for supporting new business processes
- Federal reporting: NCANDS, AFCARS, etc.
- Cross-program collaboration
 - Defined business processes for practice collaboration
 - Supported by data standards and data exchanges
- Federal Reporting
- Business Process Redesign from front line to back-office operations: Intake, Assessments, Service Plans, Claiming, Reporting
- Technology changes
 - RMS modifications for admin claiming
 - Data warehouses and analytics
 - Replacing antiquated SACWIS Systems with modern architectures that support data exchanges and interoperability

The challenges related to the convergence of CCWIS and FFSPA include the following:

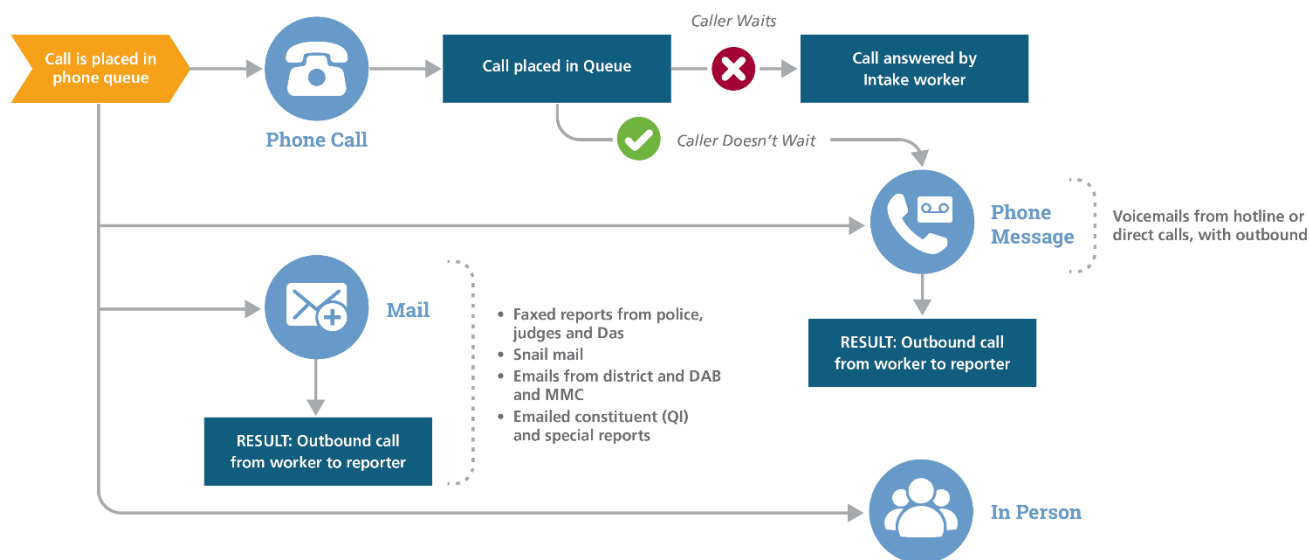
Timing	Competing Priorities
Insufficient Funding	Complexity and scale of needed changes
Alignment with CCWIS initiatives already underway	Newness/evolution of expectations & guidance
Market competition in vendor community	Desire/need to move quickly
Lack of understanding of solutions	Vast group of affected stakeholders

To successfully address these challenges a methodological approach must be used to work toward developing a sound plan and ultimately executing that plan without compromising operations or the safety and well-being of children.

With a clear approach, OCFS will drive toward the right technology solutions. This does not have to be a lengthy, linear path. OCFS can define the strategy but attach the challenge incrementally to allow for incremental benefits throughout the course of implementing the roadmap. This requires planning and risk management, in advance of designing a technology solution.

Appendix C: Intake Reporting Process Map

This chart demonstrates the multiple different paths by which a report may be received by Intake.



Appendix D: Case Record Review Tool

MAINE OFFICE OF CHILD AND FAMILY SERVICES (OCFS)
CHILD WELFARE ASSESSMENT
CASE RECORD REVIEW TOOL

Case Number:	Family Last Name:
District:	County:
Date of Review:	

CASE SPECIFICS

1. How long was this child/family involved with OCFS?
2. Provide a brief summation of the reason for the child/family's involvement with OCFS, as outlined in the intake narrative:
3. What was the outcome following the assessment period?
4. What were the circumstances regarding the child fatality (if applicable)?

COMPLIANCE WITH BEST PRACTICE STANDARDS

5. To what extent do you believe Maine's Child and Family Services Practice Model standards and/or those of the Child and Family Services Review (CFSR)¹⁴⁰ were upheld in this particular case?

Statement	Fully Complies	Complies	Does Not Comply	N/A
Child Safety, First And Foremost				
Responses to accepted child maltreatment reports were initiated, and face-to-face contact with the children was made, within the required timeframes. ¹⁴¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please explain or provide additional comments:				
The chosen type of child welfare response (e.g., assessment, Alternative Response, inappropriate/no response, etc.) was appropriate in this case.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A team was created for the family, consisting of family, staff, and community members to find safe solutions for the children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹⁴⁰ Statements written in green text are derived from the CFSR, statements with red text are added by the team, and those left in black are from Maine's Child and Family Services Practice Model.

¹⁴¹ Initial contact within 24 or 72 hours from the time of the report, depending upon the report determination by the intake worker through the use of the Structured Decision-Making Intake Screening and Response Priority Tool (SDM SCRPT).

Statement	Fully Complies	Complies	Does Not Comply	N/A
In response to child safety concerns, factually supported conclusions were reached in a timely and thorough manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The frequency and quality of visits between caseworkers and <i>children</i> were sufficient to ensure the safety, permanency, and well-being of the children and to promote the achievement of case goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The frequency and quality of visits between caseworkers and the <i>parents</i> were sufficient to ensure the safety, permanency, and well-being of the children and to promote the achievement of case goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Input from parents, children, extended family, and community stakeholders was a necessary component in assuring safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family was engaged with honesty and open minds. By exploring and listening, families were helped in using their own strengths to meet the safety needs of children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family perspectives, goals, and plans were valued as critical to creating and maintaining child safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information available and the subsequent assessment of that information was adequate for the purposes of removal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dangerous caregivers were separated from children in need of protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When court action was necessary to make the child safe, that authority was used with sensitivity and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The thoroughness of information provided to the court for initial filing was adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Statement	Fully Complies	Complies	Does Not Comply	N/A
The evaluation of information and steps taken during and after the first court hearing were appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A periodic review occurred for each child no less frequently than once every six months, either by a court or an administrative review.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The foster care placement was stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When children were placed in foster care, ongoing safety was ensured through frequent, meaningful contact with children and their caregivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any changes in placement that occurred were in the best interests of the child and consistent with achieving the child's permanency goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster parents were welcomed as a vital part of the family team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In placing the children in adoption, safety was the first priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please provide any other additional feedback regarding child safety in this case:

Statement	Fully Complies	Complies	Does Not Comply	N/A
Parents Have The Right and Responsibility to Raise Their Own Children				
It was clearly recognized by staff that family members know the most about their own families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff saw it as their responsibility to understand children and families within the context of their own family rules, traditions, history, and culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents' voices were valued and considered in decisions regarding the safety, permanency, and well-being of their children and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerted efforts were made to locate and involve the father, mother, and other family members when the child became involved with the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child had a written case plan that was developed jointly with the parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In circumstances which led to removal, the family's input was reviewed and used for placement considerations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family teams developed and implemented creative, individualized solutions that built on the strengths of families to meet their needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please provide any other additional feedback regarding parental rights and responsibilities in this case:

Statement	Fully Complies	Complies	Does Not Comply	N/A
Children Are Entitled To Live In A Safe And Nurturing Family				
Concerted efforts were made to provide services to the family to prevent the children's entry into foster care or re-entry after reunification.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerted efforts were made to assess the needs of children (including educational, physical, and mental/behavioral health needs), parents, and foster parents to identify needed services to achieve case goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Statement	Fully Complies	Complies	Does Not Comply	N/A
The appropriately identified services for children, parents, and foster parents were provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services assessed the strengths and needs of children and families and determined other service needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services addressed the needs of families in addition to individual children, in order to create a safe home environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services enabled children to remain safely with their parents when reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services were individualized to meet the unique needs of children and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregivers were supported in protecting children in their own homes whenever possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When children could not live safely with their families, the first consideration for placement was with kinship connections capable of providing a safe and nurturing home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placements that promoted family, sibling and community connections, and encouraged healthy social development were supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children were listened to. Their voices were heard, valued, and considered in decisions regarding their safety, well-being, and permanence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please provide any other additional feedback regarding the use of the child's input, services, and the promotion of a family environment in this case:

Statement	Fully Complies	Complies	Does Not Comply	N/A
All Children Deserve A Permanent Family				
Permanency planning for children began at first contact with Child and Family Services. Staff proceeded with a sense of urgency until permanency was achieved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate permanency goals were established.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services helped children in foster and adoptive placements achieve permanency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All planning for children focused on the goal of preserving their family, reunifying their family, or achieving permanent placement in another family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each child had a permanency hearing in a qualified court or administrative body that occurred no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster parents, pre-adoptive parents, and relative caregivers of children in foster care were notified of, and had a right to be heard in, any review or hearing held with respect to the child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerted efforts were made to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The filing of termination of parental rights proceedings occurred in accordance with required provisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Siblings in foster care were placed together unless a separation was necessary to meet the needs of one of the siblings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerted efforts were made to ensure that visitation between the child in foster care to his/her parents and siblings was of sufficient frequency and quality to promote continuity in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Statement	Fully Complies	Complies	Does Not Comply	N/A
the child's relationships with these close family members.				

9. Please provide any other additional feedback regarding permanency in this case:

Statement	Fully Complies	Complies	Does Not Comply	N/A
How We Do Our Work Is As Important As The Work We Do				
Staff created and maintained a supportive working and learning environment and for open communication and accountability at all levels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As staff worked with children, families, and their teams, they clearly shared their purpose, role, concerns, decisions, and responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships and communication among staff, children, families, foster parents, and community providers were conducted with genuineness, empathy, and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please provide any other additional feedback regarding the quality of the work conducted in this case:

OPPORTUNITIES

11. What was done well by OCFS, or other organizations (e.g., the courts, schools, service providers, etc.) in this case? From the system perspective, what worked well in this case?
12. What was not done well by OCFS, or other organizations (e.g., the courts, schools, service providers, etc.) in this case? What were the gaps or missed opportunities in this case?
13. What could have been done differently by OCFS, or other organizations (e.g., the courts, schools, service providers, etc.) in this case to yield a more positive outcome? From the system perspective, what did not work well in this case?

Appendix E: Summary Findings from the 2018 Adoptive and Foster Families of Maine (AFFM)

AFFM conducted a survey of licensed resource parents, and the following conclusions were drawn from the responses, for the purposes of the Maine Office of Child and Family Services Child Welfare Evaluation and Business Process Redesign Phase 2 Final Report:

Mentorship Program

- Only 9% of resource parents had a foster parent mentor in the last year.
- Of the parents who used a foster parent mentor, 3 of them (43%) said they did not benefit from the program due to lack of contact from the mentor.
- Of the 60 licensed resource parent respondents for the survey, 30% said the reason they did not use a foster parent mentor was because they didn't know about the program or no mentor connected with them.

Value of Training

Exiting resource parents reported that they had had varying experiences with their relationships with caseworkers and with pre-service training during their time fostering. **According to exit surveys conducted by AFFM following the expiration of a resource parent's license, the following was learned:**

- A common theme across exit surveys was the value families received from the resource family panel who provided real-life stories about fostering and answered questions from trainees. The panel appears the most memorable component of the pre-service training.
- Common topics that resource parents found were absent or under-emphasized in the training were:
 - Information on trauma and child development, and services or resources available that they may need and how to access them, and
 - Guidance on how to manage relationships with caseworkers and biological families.Exiting resource parents specifically cited they would have liked more contact with other, established resource parents to ask them about these topics.
- There were many responses from kinship parents who said they did not receive the right kind of training or any training at all, but wished they had.

Experiences with Caseworkers

- Resource parents' experiences with caseworkers range from feeling supported and informed by their caseworker to others who felt they did not receive timely responses, were excluded from important meetings and were not kept informed about case progress that was important to their ability to understand the process and support the child in their care.
- Many families did not feel they had enough information about what to expect next in the case.

AFFM support services

AFFM is generally appreciated among resource families.

- Families have benefitted from AFFM support around investigations and found foster family support events to be helpful.
- The top four reasons that parents cited they liked support group meetings were (in order): meeting others with shared experiences, having access to training opportunities, receiving learning tips and gaining ideas to help with current issues.
- Of the parents who did not attend support groups, 58% cited a reason related to scheduling, time and travel barriers.
- Of parents who did not attend support groups, almost half said they would participate if their barriers were resolved, indicating that many resource families need more local support or support that is easier to access.

Appendix F: Key Decisions

Key Decisions in Child Welfare¹⁴² Intake and Assessment

Key Decision or Step	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
INTAKE-CENTRAL OR DISTRICT OFFICE						
From receipt of Child Abuse Call/Allegation: Assess whether appropriate or inappropriate	Call received	Intake Worker	Supervisor	Appropriate to Accept for Assessment Criteria	MACWIS: Appropriate: new report Inappropriate: primary caregiver, referent, perpetrator documented in intake narrative	24 hours of call receipt
Determine if family has open case: enter narrative or create new report	Call received	Intake Worker	N/A	Child welfare history review in MACWIS	MACWIS: Narrative Log entry & tickler sent to caseworker if open case	24 hours of call receipt
Determine report priority level & transfer to district	Call received	Intake Worker	Supervisor	Signs of Danger	MACWIS	Immediate danger: contact intake supervisor immediately No immediate danger: transfer report to district
DISTRICT OFFICE						
Assign report for assessment	Report received	Supervisor	N/A	N/A	MACWIS- Assignment Sheet or Narrative Log	Emergency reports: assigned immediately after report receipt

¹⁴² This document was created by OCFS and Hornby Zellar Associates, Inc., and some of the items are not reflective of current practice, though most remain consistent. This document was last revised on September 14, 2016.

Key Decision or Step	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
						Non-emergency reports: assigned within 24 hours of report receipt
Preliminary safety decision: Assess child's level of risk & safety	Immediately following critical case member interviews	Caseworker	Supervisor	UNCOPE	MACWIS: UNCOPE form & Narrative Log	Interviews & Home Visit: with alleged victims & primary caregivers within 72 hours of report approval Preliminary Safety Decision: same day as initial interview
Determine if Safety Plan is needed	Signs of Danger are present	Caseworker	Supervisor	Child Protection Assessment	MACWIS	Safety Plan: in MACWIS within 24 hours of completion
Make findings of abuse or neglect	End of assessment	Caseworker	Supervisor	Child Protection Assessment Decision	MACWIS	Assessment completed: within 35 days of report assignment
Provide crisis services during assessment period	Ongoing	Caseworker	Supervisor	N/A	MACWIS	Ongoing Up to 72 hours of emergency services
Perform an FTM or emergency removal	Family needs Child Protective Services	Caseworker Family or others	Supervisor PA/APA	FTM/FFTM Summary Report Facilitated Family Team Meeting Referral Form	MACWIS: meeting preparation, Summary Report under primary caregiver, and meeting waiver (by PA/APA) in the Narrative Log	Prior to emergency removal or decision to file a straight petition; if removal occurs after hours, or a FFTM cannot occur, FTM is held within 3 days Prior to recommended removal or placement change against caregiver's wishes
Determine if court involvement is needed due to either: a) Immediate risk of danger, Preliminary Protection Order (PPO) filed; b) No immediate risk, straight petition/jeopardy	FFTM a) PPO is filed b) Straight Petition is filed	Caseworker, Supervisor and AAG	Judge	a) PPO- Form BRDPC-012 b) Jeopardy Petition- Form BRDCP-001	MACWIS: Removal screen	a) PPO: hearing within 10 days, or later if agreed upon by all parties b) Straight Petition: hearing within 120 days

Key Decision or Step	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
petition/petition for child protection order filed						
Perform an FTM	Ongoing	Caseworker Family or others	Supervisor	FTM/FFTM Summary Report	MACWIS: meeting preparation and Summary Report under primary caregiver	Development of Safety Plan: within 30 days Initial and subsequent Family Plans: within 30 days Conduct FTM every 3 months on all cases & more if needed
Open an in-home services case or take other action	Signs of Danger are present & a Safety Plan has been completed with the family Petition has or will be filed Finding of child maltreatment and signs of risk are present History of repeated abuse & neglect Intervention and/or treatment has not provided safety Parent/Caregiver demonstrates no willingness or capacity to change behaviors and/or conditions making children unsafe	Caseworker	Supervisor	N/A	MACWIS: Child Protection Assessment Decision	Assessment completed & documented with supervisory approval: 19 days of report

Policy/Legal Guidance References

Intake and Assessment

Key Decision	Reference to the Child and Family Services Policy
<i>Intake—Central or District Office</i>	
Receipt of Child Abuse Call/Allegation: assess whether appropriate or inappropriate	Section IV: Part C
Determine if family has open case: enter narrative or create new report	Section IV: Appendix II, "When to Create a New Report"
Determine report priority level & transfer to district	Section IV: Appendix I, Part C Section IV: Part C, "Intake Practice Standards"
<i>District Office</i>	
Assign report for assessment	Section IV: Part C, "Assignment Practice Standards" Section IV: Part D, "Assignment Activities"
Preliminary safety decision: assess child's level of risk & safety	Section IV: Part D, "Child Protection Assessment Activities" Section IV: Part D, "Child Abuse and Neglect Assessment Decisions"
Determine if Safety Plan is needed	Section IV: Part D, "Child Protection Assessment Activities"
Make findings of abuse or neglect	Section IV: Part D, "Child Abuse and Neglect Assessment Decisions"
Provide crisis services during assessment period	Section IV: Part D-1, "Child Abuse and Neglect Findings" Section IV: Part H, "Short Term Emergency Services"
Perform an FFTM or emergency removal	Section IV: Part D, "Activities for Continued Assessment and Developing the Family Plan" Section IV: Part D-6, "Family Team Meetings"
Determine if court involvement is needed due to either: a) Immediate risk of danger, Preliminary Protection Order (PPO) filed; b) No immediate risk, straight petition/jeopardy petition/petition for child protection order filed	Section XI: Part A, "Child Protection Petition" Section XI: Part F, "Request for Preliminary Protection Order and Waiver of Hearing" Section XI: Part T, "Child Protection Orders"
Perform an FTM	Section IV: Part D, "Activities for Continued Assessment and Developing the Family Plan" Section IV: Part D-6, "Family Team Meetings"
Open an in-home services case or take other action	Section IV: Part D, "Child Abuse and Neglect Assessment Decisions"

Permanency Cases Track One: Service Cases

Key Decision or Step	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
From the Transfer- Family Team Meeting (FTM): Identify family's strengths and needs to assure child safety	FTM to develop Family Plan	Caseworker, Family and Supports	Supervisor	Family Plan	MACWIS: FTM Plan justifying if no relative placement	All activities: 35 days including supervisory approval Service plan: 30 days from the positive PSC score and every 6 months or as needed Family Share meeting: 5 days of a child being placed in care or has a change in placement
Develop Family Plan: Determine what services to offer and which providers to use	FTM	Caseworker and Parent(s) Children 11-16 encouraged to complete the Youth-Pediatric Symptom Checklist (Y-PSC)	Supervisor	Children 0-4: Child Development Services (CDS) Children 4-16: The Pediatric Symptom Checklist (PSC)	MACWIS: Tools scored and incorporated into the statement of needs and plan	30 days from case opening Updated annually or as needed
Assess Signs of Danger: Determine whether court action is needed	Ongoing	Caseworker and Assistant Attorney General (AAG)	Supervisor	If Signs of Danger are present: Safety Plan and Child Protection Assessment	MACWIS: Preliminary Safety Decision, Safety Plan and Child Protection Assessment Decision MACWIS: Court action in the Family Plan Addendum (Court Rehabilitation and Reunification Plan)	Preliminary Safety Decision: same day as initial interviews with caregiver and alleged victims Safety Plan: in MACWIS within 24 hours of being conducted Child Protection Assessment Decision: 35 days from report The Family Plan Addendum (Court Rehabilitation and Reunification): reviewed/ amended every 6 months Judicial review and dispositional hearing: 18 months from child's initial placement in protective custody Subsequent judicial reviews and dispositional hearings: every 2 years from the initial 18-month review

Key Decision or Step	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
Assess Family Plan for compliance and adequacy	Ongoing	Caseworker	Supervisor	NA	MACWIS: Progress tracked	Family Plan: reviewed/amended every 6 months or as needed, and monitored monthly
Determine whether to close the case.	Ongoing	Caseworker	Supervisor	Case Plan	MACWIS: closure date, progress notes, family functioning, needs that are met, course of service and reasons for closing	NA

Permanency Cases Track Two: Placement and Foster Care

Key Decision	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
Determine if court involvement is needed due either to: a) Immediate risk of danger, Preliminary Protection Order (PPO) filed; b) No immediate risk, straight petition/jeopardy petition/petition for child protection order filed	FFTM a) PPO is filed b) Straight Petition is filed	Caseworker, Supervisor and AAG	Judge	a) PPO- Form BRDPC-012 b) Jeopardy Petition- Form BRDCP-001	MACWIS: Removal screen	a) PPO : hearing within 10 days, or later if agreed upon by all parties b) Straight Petition : hearing within 120 days
From the Transfer- Family Team Meeting (FTM): Identify strengths and needs of child(ren) to assure safety	FTM to develop Family Plan	Caseworker, Family and Supports	Supervisor	Family Plan	MACWIS: FTM Plan	All activities : 35 days including supervisory approval Service plan : 30 days from the positive PSC score and every 6 months or as needed Family Share meeting : 5 days of a child being placed in out-of-home care or when a child is making a placement change
Develop Child Plan and conduct Child Health Assessment: Determine what services to offer and which providers to use	FTM	Caseworker and Caregiver(s) Children 11-16 encouraged to complete the Y-PSC	Supervisor	Children 0-4: CDS Children 4-16: the PSC	MACWIS: Monthly Contact MACWIS: Child Assessment in the Child Plan	FTM : 45 days of new placement Child Plan : every 6 months and submitted to District Court prior to next review

Key Decision	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
<p>Determine permanent plan: Permanency/ Preliminary Reunification/ Rehabilitation Plan:</p> <p>a) Relative placement or foster care</p> <p>b) Trial home placement to return custody to parent(s)</p>	Child is brought into Department's custody	Caseworker, Supervisor, AAG and Family	Judge	<p>Child Plan</p> <p>Child Well-Being and Safety Review</p>	<p>MACWIS: Permanency Plan within Child Plan window and other related information</p>	<p>Written notice to parents by mail: 10 days of child entering custody</p> <p>Agreements reviewed, revised and reunification reassessed: Every 3 months</p> <p>Feasibility of reunification decision: At the end of one year of placement</p> <p>Permanency Plans: Preliminary Permanency Plan: immediately after child enters care. Final Permanency Plan: after jeopardy hearing. New Permanency Plan: every 6 months</p> <p>Reunification Plans: Preliminary Reunification Plan: after the petition is filed, but before jeopardy hearing Reunification Plan: given to the court within 2 weeks of the hearing New Reunification Plan: every 6 months</p> <p>Trial Home Placement (THP): duration determined by needs of child and family First week of THP: visit the home at least once Throughout THP: visit weekly if child is not in school and every other week if in school Separate child and parent meetings: monthly</p> <p>Judicial Reviews within: 18 months of the final protection order regarding continuation of reunification efforts 6 months of deciding reunification efforts are to continue 2 years of an order that the Department has no further responsibility for reunification</p>

Key Decision	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
Assess the Child Plan for compliance and adequacy	Ongoing	Caseworker	Supervisor	NA	MACWIS: Progress tracked	Child Plan: reviewed/amended every 6 months or as needed, and monitored monthly New placement: face to face contact within the first 2 weeks and once per month thereafter
Assess Reunification/Rehabilitation Plan for compliance and adequacy: Including possibility of Termination of Parental Rights (TPR)	Ongoing	Caseworker, Supervisor and AAG	Judge	Petition for Termination of Parental Rights (Form BRDAC-001) Consent to Termination of Parental Rights (Form BRDCA-003) Order of Termination of Parental Rights (Form BRDCA-004)	Signed approval will remain in the child's file	Reunification cases: monthly contact TPR: sought no sooner than 3 months after an order of protective custody TPR request: filed if child is in foster care 15 of the last 22 months
Determine appropriateness of Permanency Guardianship	Reunification and adoption are not viable options	Caseworker, Supervisor and Program Administrator	Judge	PA memo Permanency Guardianship Agreement	MACWIS: PA memo is copied MACWIS: Child Plan must also be provided to the court	Written agreement: between family and the Department prior to District Court Order of Permanency Guardianship Permanency Guardianship Agreement: effective until age 18, but may be provided until 21st birthday
Determine if case can be closed: Case closure	Adoption or guardianship finalized Closed in court	Caseworker	Supervisor	Case Plan	MACWIS: date of closure, progress notes, family functioning, needs that are met, course of service and reasons for closing	NA

Policy/Legal Guidance References: Permanency Case Process

Key Decision	References to the Child and Family Services Policy
<i>Permanency Cases Track One: Service Cases</i>	
From the Transfer- Family Team Meeting (FTM) : identify family's strengths and needs to assure child safety	Section IV: Part D, "Activities for Continued Assessment and Developing the Family Plan" Section IV: Part E, "Procedures- Service Planning" Section V: Part C Kinship Assessment Policy
Develop Family Plan : determine what services to offer and which providers to use	Section IV: Part E, "Procedures- Screening, Service Planning, and Referral"
Assess Signs of Danger : determine whether court action is needed	Section IV: Part D, "Child Protection Assessment" Section IV: Part D, "Child Abuse & Neglect Assessment Decisions" Section IV: Part D, "Activities for Continued Assessment and Developing the Family Plan" Section IV: Part D, "Appendix 1- Signs of Danger" Section VI: Part A, "Judicial Review Policy"
Assess Family Plan for compliance and adequacy	Section IV: Part D, "Activities for Continued Assessment and Developing the Family Plan" and "Continuing Assessment Activities" Section IV: Part E, "Service Planning"
Case Closure	Section IV: Part D, "Closing Summary" Section IV: Part E, "Case Closure"
<i>Permanency Cases Track Two: Placement and Foster Care</i>	
Determine if court involvement is triggered due to either: Immediate risk of danger, Preliminary Protection Order (PPO) filed; No immediate risk, straight petition/jeopardy petition/petition for child protection order filed	Section XI: Part A, "Child Protection Petition" Section XI: Part F, "Request for Preliminary Protection Order and Waiver of Hearing" Section XI: Part T, "Child Protection Orders"
From the Transfer- Family Team Meeting (FTM) : identify strengths and needs of child(ren) to assure safety	Section IV: Part D, "Activities for Continued Assessment and Developing the Family Plan" Section IV: Part E, "Procedures- Service Planning" Section V: Part C
Develop Child Plan and conduct Child Health Assessment : determine what services to offer and which providers to use	Section V: Part D-1, "Child Assessment and Plan" Section V: Part D, "Procedure"
Permanency/ Preliminary Reunification/ Rehabilitation Plan : Relative placement or foster care	Section VII: Part D, "Standards of Practice for Children in the Custody of the Department"

Key Decision	References to the Child and Family Services Policy
b) Trial home placement and whether to return custody to parent(s)	Section VII: Part E, "Determination of Need to Commence or Discontinue Rehabilitation or Reunification" Section VII: Part E-1, "Trial Home Placements" Section XI: Part T, "Child Protection Orders"
Assess the Child Plan for compliance and adequacy	Section V: Part D-1, "Child Assessment and Plan" Section V: Part D, "Selection of Substitute Care Placement"
Assess Reunification/Rehabilitation Plan for compliance and adequacy: Including possibility of Termination of Parental Rights (TPR)	Section V: Part D, "Selection of Substitute Care Placement" Section VIII: Part B, "Termination of Parental Rights and Placement, Supervision"
Determine Permanency Guardianship	Section IX: Part A, "Permanency Guardianship"
Case closure	Section IV: Part D, "Closing Summary" Section IV: Part E, "Case Closure"

Adoption Cases Track One: Family Willing to Adopt

Key Decision	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
Determine if family is suitable for adoption	District Informational Meeting	Licensing Worker Caseworker	Supervisor	Guidelines for Permanency Assessment Resource Family Evaluation Report FBI Criminal Background Check	MACWIS: Analysis in Narrative Log	Pre-service training: offered once/week for a month, twice/week for a month, or once/week for 2 months Home study referral: concurrently with pre-service training referral Home study: completed within 2 months of referral Resource Family Evaluation Report: completed within two weeks of home study referral or commencement Approval/denial decision: within 1 week of home study
Disclosure Meeting: determine if family wants to adopt	Disclosure Meeting	Family Caseworkers	Supervisors	N/A	Child's record	N/A
Prepare child/family for adoption	Disclosure Meeting	Family Caseworkers	Supervisors	Criteria for Placement of a Child for Adoption Purchase of Service and/or Adoption Assistance Agreement Family Book Adoptive Home Placement Agreement	Child's background & history form in the child's record & at probate court	Varies according to age & needs of child

Key Decision	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
Determine what services to provide and which providers to use	Day of placement in adoptive home	Family Child Caseworker	Supervisor	Well-Being and Safety Review Assessment	Child's narrative record: date & contact types	Adjustment period: 6 months minimum & 18 months maximum Support visits: as needed &... Initial visit: once within first 2 weeks of placement Second visit: between second & sixth week of placement Subsequent visits: monthly for first 6 months & then every 6 weeks until legalization in probate
Determine ongoing support needed for child and adoptive family Support Services (SS) and Adoption Assistance (AA)	<u>SS & AA:</u> Day of placement in adoptive home	<u>SS:</u> Adoptive family DHS adoption units <u>AA:</u> Commissioner or his designee	<u>SS:</u> Supervisor PA <u>AA:</u> Commissioner or his designee	<u>SS:</u> Maine Adoption Guides Project <u>AA:</u> Application for Reimbursement Form Certification of Eligibility for Non-Recurring Adoption Expenses Form Agreement for Non-Recurring Expense Reimbursement	<u>SS:</u> Family's record: periodic written reports & recommendations by service providers <u>AA:</u> "reasonable, but unsuccessful" attempts to place without AA documented Written agreement between family and the Department	<u>SS:</u> In a timely fashion <u>AA:</u> Duration of assistance: may not exceed the terms of the written agreement & discontinues when child is 18 (or 21, if applicable)

Process Track Two: No Identified Adoptive Family

Key Decision	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
Determine child's needs	Child needs placement	Caseworker	Supervisor	Permanency Assessment	Child's record	N/A
Determine when and what type of family recruitment to perform	Child is legally free & ready for adoption	Caseworker	Supervisor	The Northern New England Exchange	Child's case plan: recruitment efforts	Listing: within 90 days of the child becoming legally available
Once families are identified, determine if family is suitable for adoption	District Informational Meeting	Licensing Worker Caseworker	Supervisor	Guidelines for Permanency Assessment Resource Family Evaluation Report FBI Criminal Background Check	Child's record: analysis	Pre-service training: offered once/week for a month, twice/week for a month, or once/week for 2 months Home study referral: concurrently with pre-service training referral Home study: completed within 2 months of referral Resource Family Evaluation Report: completed within two weeks of home study referral or commencement Approval/denial decision: within 1 week of home study
Disclosure Meeting: determine if family wants to adopt this particular child	Disclosure Meeting	Family Caseworkers	Supervisors	N/A	Child's record	N/A
Prepare child/family for adoption	Disclosure Meeting	Caseworkers	Caseworkers' respective supervisors	Criteria for Placement of a Child for Adoption Purchase of Service and/or Adoption Assistance Agreement	Child's background & history form in the child's record & at probate court	Varies according to age & needs of child

Key Decision	Starts When/ Input	Who Makes	Who Checks	What Tools/Forms	How Documented	Timeframes
				Family Book Adoptive Home Placement Agreement		
Determine what services to provide and which providers to use	Day of placement in adoptive home	Family Child Caseworker	Supervisor	Well-Being and Safety Review Assessment	Child's narrative record: date & contact types	Adjustment period: 6 months minimum & 18 months maximum Support visits: as needed &... Initial visit: once within first 2 weeks of placement Second visit: between second & sixth week of placement Subsequent visits: monthly for first 6 months & then every 6 weeks until legalization in probate
Determine ongoing support for child and adoptive family Support Services (SS) and Adoption Assistance (AA)	<u>SS & AA:</u> Day of placement in adoptive home	<u>SS:</u> Adoptive family DHS adoption units <u>AA:</u> Commissioner or his designee	<u>SS:</u> Supervisor PA <u>AA:</u> Commissioner or his designee	<u>SS:</u> Maine Adoption Guides Project <u>AA:</u> Application for Reimbursement Form Certification of Eligibility for Non-Recurring Adoption Expenses Form Agreement for Non-Recurring Expense Reimbursement	<u>SS:</u> Family's record: periodic written reports & recommendations by service providers <u>AA:</u> "reasonable, but unsuccessful" attempts to place without AA documented Written agreement between family and the Department	<u>SS:</u> In a timely fashion <u>AA:</u> Duration of assistance: may not exceed the terms of the written agreement & discontinues when child is 18 (or 21, if applicable)

Policy/Legal Guidance References: Adoption

Key Decision	References to the Child and Family Services Policy
<i>Adoption Cases Track One: Family Willing to Adopt</i>	
Determine whether family is suitable for adoption	Section VIII: Part A
Hold Disclosure Meeting to determine whether family wants to adopt the child(ren)	Section VIII: Part B-1, "Preparation of the Family"
What steps are needed to prepare child/family for adoption	Section VIII: Part B-1, "Preparation of the Family" and "Placement of the Child"
Determine what services to provide and which providers to use	Section VIII: Part B-1, "Adjustment Period"
Determine ongoing support for child and adoptive family, (including subsidy)	Section VIII: Part B-1, "Post Legalization Adoption Services"
Support Services and Adoption Assistance	Section VIII: Part C, "Adoption Assistance"
<i>Adoption Cases Track Two: No Identified Adoptive Family</i>	
What are child's needs based on assessments	Section VIII: Part B-1, "Responsibility for Selection"
Determine when and what type of family recruitment to perform	Section VIII: Part B-1, "Recruitment of Approved Adoptive Families" Adoption and Safe Families Act
Determine whether family is suitable for adoption	Section VIII: Part A
Hold Disclosure Meeting to determine whether family wants to adopt the child(ren)	Section VIII: Part B-1, "Preparation of the Family"
What steps are needed to prepare child/family for adoption	Section VIII: Part B-1, "Preparation of the Family" and "Placement of the Child"
Determine what services to provide and which providers to use	Section VIII: Part B-1, "Adjustment Period"
Determine ongoing support for child and adoptive family, (including subsidy)	Section VIII: Part B-1, "Post Legalization Adoption Services"
Support Services and Adoption Assistance	Section VIII: Part C, "Adoption Assistance"